## L19000012709

(Requestor's Name)			
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Certified Copies	_ Certificates	s of Status	
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Office Use Only



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PILLU
2022 APR II PM 5: 40
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 2 5 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:	2315 Captiva Beach Con (Name of Limited	do LLC Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Dr. William Sau (Name	of Person) -		
(Firm/Company)				
6450 Pine Avenue (Address)				
Sanibal, FL 33957 (City/State and Zip Code)				
For further information concerning this matter, please call:				
	)r. William Sawyer (Name of Person)	at ( 239 ) 314 - 8811 (Area Code & Daytime Telephone Number)		
_	neck for the following amount:  O Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Regi Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## FILED

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY APR 11 PM 5: 40

1.	The name of a limited liability company is	SECRETARY OF STATE TALLAHASSEE, FL
	2315 Captiva Beach Condo LLC	·
2.	The Articles of Organization were filed on	and assigned
	document number <u>L1900012709</u>	
3.	The delayed effective date the dissolution if not effective on the dat (effective date cannot be prior to or more than 90 days late Note: If the date inserted in this block does not meet the applicable statu listed as the document's effective date on the Department of State's record	tory filing requirements, this date will not be
4.	A description of occurrence that resulted in the limited liability com 605.0707. Florida Statutes, (copy 605.0707 on back cover letter).	npany's dissolution pursuant to section
	Condo sold March 2021	
5.	If there are no members, enter the name and address of the person a	ppointed to wind up the company's
	activities and affairs: William Sawyer	
	activities and affairs: William Sawyer 6450 Pine Avenue	
	Sanibel, FL 33957	
	<del> </del>	
6. ab	Signature of an authorized person or if there are no members, the signove to wind up the company's activities and affairs:	gnature of the person appointed and liste
	Walley Walley	Printed Name
	Signature	Printed Name

FILING FEE: \$25.00