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C. BRUMBLEY
SEP 23 2022

COVER LETTER

TO: Registration Section Division of Corporations	ı		
SUBJECT: Southern Residential (Name of Limited Li	Holdings LLC		
(Name of Limited Li	lability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for	or filing.		
Please return all correspondence concerning this matter to the following:			
rease return an correspondence concerning this matter to the it	onowing.		
Mindy CBolt (Name of			
(Name of	Person)		
Southern Residential	Holdings LLC		
(TimeCol	inpanty)		
84 Foxcoss Ave	<u> </u>		
St Avgustine FL	32092 d Zip Code)		
For further information concerning this matter, please call:			
Mandy C. Bolt (Name of Person)	at (678) 860 - 1493 (Area Code & Daytime Telephone Number)		
(Name of Letson)	(Area code a Daytine Telephone Namoer)		
Enclosed is a check for the following amount:			
≤ \$25.00 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	Street Address:		
	Registration Section Division of Corporations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Southern Residential Holdings L.L.C.
2.	The Articles of Organization were filed on 1/14/2019 and assigned
	document number <u>L 1900 06 14939</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant tesection 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
•	Unexpected growth
	<u> </u>
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Mindy C. Bolt
	84 Foxiross Avenue
	51 Augustine FL 32092
6. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
P	Vivily C. Rolt Signature Mindy C. Bolt Printed Name

FILING FEE: \$25.00