

L19000024147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

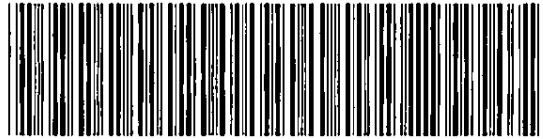
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

4/29/25

Dissolution

Office Use Only



700445995647

03/07/25--01012--018 \$55.00

Mal
5/21/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1744 WISCONSIN LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES DITARANTO

(Name of Person)

1744 WISCONSIN LLC

(Firm/Company)

4415 INDEPENDENCE CT

(Address)

SARASOTA, FL 34243-4742

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES DITARANTO

(Name of Person)

941 915-1920

at (

) (Area Code & Daytime Telephone Number)

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)

Mailing Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2025

JAMES DITARANTO
4415 INDEPENDENCE CT
SARASOTA, FL 34243-4742 US

SUBJECT: 1744 WISCONSIN LLC
Ref. Number: L19000024147

We have received your document for 1744 WISCONSIN LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

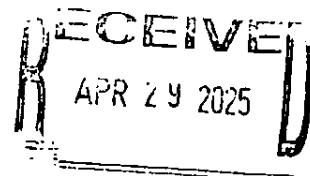
Attaching the notice is optional, however if attached - then the notice must be filled out completely.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 825A00008051



**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
1744 WISCONSIN LLC

2. The Articles of Organization were filed on 01/23/2019 and assigned
document number L19000024147

3. The delayed effective date the dissolution if not effective on the date of filing: 1/23/2025
(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 to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

COMPANY CLOSED

COMPANY CLOSED

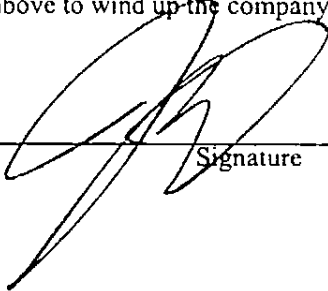
COMPANY CLOSED

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: JAMES LARUS DITARANTO

4415 INDEPENDENCE CT

SARASOTA, FL 34234-4742

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:


Signature

James Ditaranto
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: 1744 Wisconsin LLC

Document number of Limited Liability Company is: L19000024147

Date of dissolution was: 11/23/2025

Description of information that must be included in a written claim:

Claimant's full name, business
name (if a business)

Details of Claim.

Amount being claimed

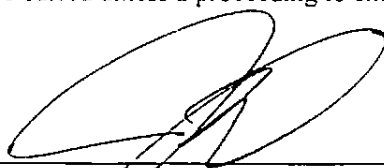
Specify outcome being sought.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Commercial Electrical Systems Co
4415 Independence Ct
Sarasota, FL 34234-4742

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JAMES DITAKANTIS
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00