

U9000054604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

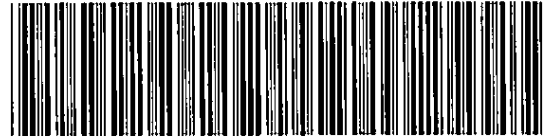
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900330231459

07/22/19--01026--020 \*\*25.00

FILED  
2019 JUL 22 PM 7:03  
KNOX COUNTY, TN

Y SULKER

JUL 29 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5392 SUMMER CRESCENT, 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:

Michael A. Scott  
(Name of Person)  
The Dorcey Law Firm, PLC  
(Firm/Company)  
10181 Six Mile Cypress Parkway, Suite C  
(Address)  
Fort Myers, FL 33966  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Scott at (239) 418-0169  
(Name of Person) (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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is  
5392 SUMMER CRESCENT, LLC

2. The Articles of Organization were filed on 02/25/2019 and assigned  
document number L19000054604

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 to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Consent of all members to dissolve

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2019 JUN 22 PM 3:03  
TALLAHASSEE

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

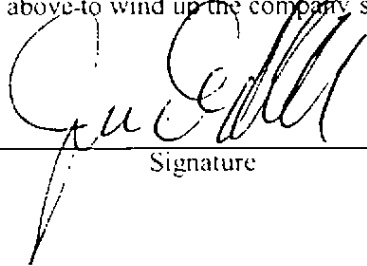
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Depetris

Printed Name

**FILING FEE: \$25.00**