

L19 000094929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

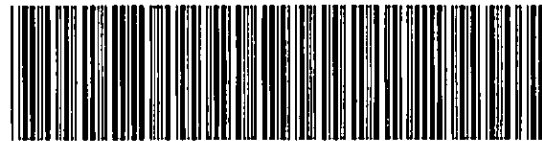
(Business Entity Name)

(Document Number)

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

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**FILED**  
**Jul 26, 2022 08:00 AM**  
**Secretary of State**

SEP 23 2022

S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Polk Line South MM, 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:

Shawn P. Kruk  
\_\_\_\_\_

(Name of Person)

Island Estate Group LLC  
\_\_\_\_\_

(Firm/Company)

P.O. Box 446  
\_\_\_\_\_

(Address)

Laurel, New York 11948  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn P. Kruk  
\_\_\_\_\_

(Name of Person)

631

at ( ) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

767 - 0350

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

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

1. The name of a limited liability company is

POLK LINE SOUTH HOLDINGS, LLC

2. The Articles of Organization were filed on April 05, 2019 and assigned  
document number 1.19000094929

3. The delayed effective date the dissolution if not effective on the date of filing: 7/1/2022  
(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).  
Entity is ceasing business operations.

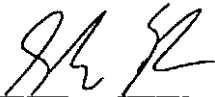
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5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Shawn P. Kruk

4068 Foxhound Drive

Clermont, Florida 34711

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

Shawn P. Kruk

Printed Name

**FILING FEE: \$25.00**