3/27/25, 12:27 PM Division of Corporations Fax Number : (850)617-6383

L19000153965

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BRICK BUSINESS LAW, P.A.
Account Number : I20230000178
Phone : (813)816-1816
Fax Number : (813)692-1982

FILED
2025 MAR 27 PM 3:51
TALLAHASSEE, FLORIDA

RECEIVED
2025 MAR 27 PM 12:38
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
649 SOUTH INDIANA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
MAR 28 2025

Fax Number : (850)617-6383

Fax Number : (850)617-6383

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 649 SOUTH INDIANA, 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:

DANIELLE PEYNADO
(Name of Person)

BRICK BUSINESS LAW, P.A.
(Firm/Company)

3413 W FLETCHER AVE
(Address)

TAMPA, FLORIDA 33618
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIELLE PEYNADO at (813) 816-1816
(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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Fax Number : (850)617-6383

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2025 MAR 27 PM 3:50

1. The name of a limited liability company is
649 SOUTH INDIANA, LLC

2. The Articles of Organization were filed on 06/19/2019 and assigned

document number L19000153965

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).
UPON THE OCCURRENCE OF AN EVENT DESCRIBED IN S.605.07.01(2). THE CONSENT OF ALL MEM

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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: _____

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:

R. Qualey
Signature

ROBERT QUALEY - AMBR
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: 649 SOUTH INDIANA, LLC

Document number of Limited Liability Company is: L19000153965

Date of dissolution was: _____

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

Date of Event, Name of Parties, Amount of Claim, Description of Claim, Contact Telephone Number, Email Address, and Mailing Address. All Supporting Documents for the Claim.

FILED
2025 MAR 27 PM 3:56

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

649 SOUTH INDIANA, LLC
C/O ROBERT QUALEY
2706 Alt 19, Ste. 270
Palm Harbor, FL 34683

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.

ROBERT QUALEY - AMBR
Printed Name of the Person Filing

R. Qualey
Signature of the Person Filing

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