

L19 000165423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

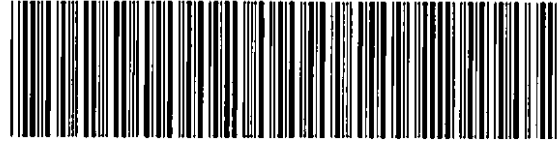
(Document Number)

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

Special Instructions to Filing Officer.

J. HORNE  
MAY 28 2024

Office Use Only



900429322949

05/06/24 -01019--022 \*\*25.00

FILED  
2024 MAY -6 PM12:45  
J. HORNE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: USEFUL VIEWS, 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:

Abigail Axelrod-Wunderman

(Name of Person)

USEFUL VIEWS, LLC

(Firm/Company)

50 ALMIRA DRIVE, UNIT B

(Address)

GREENWICH, CT 06831

(City/State and Zip Code)

For further information concerning this matter, please call:

Abigail Axelrod-Wunderman

(Name of Person)

757

at ( )

(Area Code & Daytime Telephone Number)

6855886

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**

FILED  
2024 MAY -6 PM 12:45

1. The name of a limited liability company is  
USEFUL VIEWS, LLC

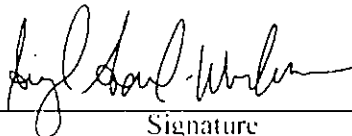
2. The Articles of Organization were filed on 06/24/2019 and assigned  
document number L19000165423

3. The delayed effective date the dissolution if not effective on the date of filing: 02/24/2024  
(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).  
purpose of the LLC has been completed

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

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

Abigail Axelrod-Wunderman  
Printed Name

**FILING FEE: \$25.00**