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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH,

Account Number : 076077001702 Phone

: (407)841-1200

Fax Number

: (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL 218 N. ORANGE ST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2023

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TEB 9 2023

Fax: 14072329822

To:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

 The name of a limited lia 	bility company is	
218 N. Orange St, LLC		
2. The Articles of Organizat	ion were filed on July 22, 2019	and assigned
document number L1900	0178614	
Note: If the date inserted i	e the dissolution if not effective on the da we date cannot be prior to or more than 90 days lat in this block does not meet the applicable stati ective date on the Department of State's reco	ter than date document is received for filing)
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limited liability con . (copy 605.0707 on back cover letter).	npany's dissolution pursuant to section
Consent of the Sole Member		• •
		· · · · · · · · · · · · · · · · · · ·
		رو پ
 If there are no members, e activities and affairs: 	nter the name and address of the person a Cheryl Schmidt Co Dean	
	P.O. Box 424 2346	
	Winter Park, FL 32792 Orlan	do FL 32802
)
i. Signature of an authorized bove to wind up the compan	person or if there are no members, the sign's activities and affairs:	gnature of the person appointed and liste
(Salmir	Cheryl Schmid	It
Signature		Printed Name

FILING FEE: \$25.00

To:

(((H23000047244 3)))

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: 218 N. Grange St. I.	LC
Document number of Limited Liability Company is:	9000178614
Date of dissolution was: on filing	
Description of information that must be included in a wri	tten elaim;
Name of Claimant:	<u>.</u> .
Address of Claimant:	
Amount of Claim:	
Basis of Claim:	
	~~~~
Mailing address where claims can be sent: (Claims cannot Cheryl Schmidt C/o Dean Me P.O. Box 4949 2346  Winter Park, FL 32702 Orlando,	t be sent to the Division of Corporations)  Ead  A 3280 -
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this to the Cheryl Schmidt	y will be barred unless a proceeding to enforce the notice.
Printed Name of the Person Filing	Signature of the Person Filing