

L19 000 200 195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

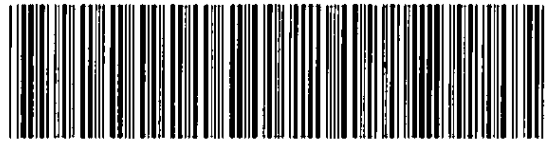
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/13/23--01026--008 **75.00

6/19/23
VUC

FILED
2023 APR 13 AM 9:24
CLERK OF COURT
STATE OF MISSISSIPPI



April 10, 2023

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327

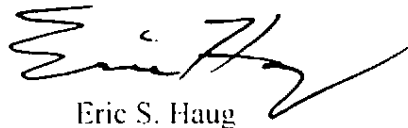
RE: *Belle Meade Properties, LLC*

To Whom It May Concern,

Enclosed please find Articles of Dissolution for a Limited Liability Company and Notice of Limited Liability Company Dissolution for Belle Meade Properties, LLC, along with a check in the amount of \$25.00 in payment of filing fees. If additional information is needed, please contact me via email at eric@proper-law.com or call 850-583-1480.

Thank you for your attention to this matter.

Sincerely,



Eric S. Haug

T 850 583 1480
F 855 825 4449
<https://proper-law.com>

3233 Thomasville Rd
Tallahassee, Florida 32308
eric@proper-law.com

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

1. The name of a limited liability company is

Belle Meade Properties, LLC

2. The Articles of Organization were filed on 8/13/2019 and assigned

document number L19000200195

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).

The consent of the Authorized Members to dissolve the business.

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

Fred Palmer

Printed Name

FILING FEE: \$25.00

2023 APR 13 AM 9:24
DEPT. OF STATE
FILED

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: Belle Meade Properties, LLC

Document number of Limited Liability Company is: L19000200195

Date of dissolution was: _____

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

The amount of the claim; the legal name of the entity asserting the claim; a brief description
of the agreement or other circumstances under which the claim arose; and any other
information to verify the nature and amount of the claim.

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

4773 Chaires Cross Road

Tallahassee, FL 32317

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.

Fred Palmer

Printed Name of the Person Filing



Signature of the Person Filing

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