L19000 210 304

(Requestor's Name)
(Address)
(Address)
, , ,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800380789968

01/31/22--01012-1025 72 J. 1. 31 F. 1/2: 1/5

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	New Horizons Realty Investments, LLC DOCUMENT# L19000210304 Request for Dissolution				
	(Name of Limit	ted Liability Company)			
The enclosed	Articles of Dissolution and fcc(s) are submit	tted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	NORIS NEREIDA ROCHE				
	(Name of Person)				
	NEW HORIZONS REALTY INVESTMENTS				
	(Firm/Company)				
	6284 SW 90TH STREET				
	(Address)				
	OCALA, FL 34476				
	(City/St	ate and Zip Code)			
For further in	formation concerning this matter, please call	:			
NORIS NEREIDA ROCHE (Name of Person)		407 247-4074 at ()			
		(Area Code & Daytime Telephone Number)			
Enclosed is a c	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		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited NEW HORIZONS REA	liability company is LTY INVESTMENTS, LLC	<u> </u>		
2. The Articles of Organi	ization were filed on 8/19/	2019	and assigned	
document number DO	CUMENT# L19000210304			
Note: If the date inserte	date the dissolution if not fective date cannot be prior to ored in this block does not mee a effective date on the Depart	r more than 90 days later than d et the applicable statutory fili	ate document is receive	ed for filing) is date will no
4. A description of occur 605.0707, Florida Statu	rence that resulted in the lates, (copy 605.0707 on ba	imited liability company's ack cover letter).	s dissolution pursu	ant to sectio
Inadequate funding; not a	ible to accomplish realty invi	estments.		:~2
Inadequate funding; not a	ble to accomplish realty inve	estments.	· <u></u>	102 (1.1
Inadequate funding; not al	ble to accomplish realty inve	estments.		<u>ω</u>
				<u>13</u>
. If there are no member activities and affairs:	s, enter the name and addr NORIS NEREIDA F		ed to wind up the c	
	6284 SW90TH STR	EET		
	OCALA, FL 34476			
Signature of an authori	mad manaya wa if sha wa			
bove to wind up the comp	zed person or if there are repany's activities and affair	no members, the signature	of the person app	ointed and li
- Illes	1/1407/	Noris Nereida Roche		
Signatu	re	Prin	ted Name	
	FILING	G FEE: \$25.00		