

L19000215582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

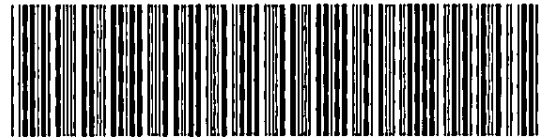
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 APR -2 AM 11:46
TALLAHASSEE, FL

n. BRUCE
MAY 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lykes QOF #4, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mallory L. Dimmitt

(Name of Person)

Lykes Bros. Inc.

(Firm/Company)

400 N. Ashley Drive, Suite 2500

(Address)

Tampa, FL 33602

(City, State and Zip Code)

For further information concerning this matter, please call:

Mallory Dimmitt

(Name of Person)

813

470-5034

at (

(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

FILE
TALLAHASSEE, FL
2021 APR -2 AM 11:46
C. J. F. D.

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

1. The name of a limited liability company is
Lyks QOF #4, LLC
2. The Articles of Organization were filed on 8-29-19 and assigned
document number 119000215582
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).
Pursuant to 605.0701(1) and (2): Consent of the Members, Operating Agreement allowing dissolution

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Mallory L. Dimmitt
400 N. Ashley Drive, Suite 2500
Tampa, FL 33602

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

Mallory L. Dimmitt
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FL

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