

L19000217339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

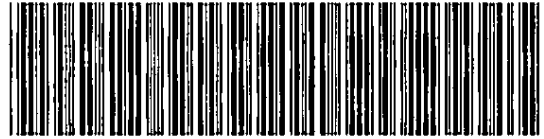
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800374779678

10/13/21--01009--022 **525.00

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SECRETARY OF STATE
TALLAHASSEE, FL

*Dissociation
of member*

10/13/21

D. GUCHMAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLSTICE REAL ESTATE, LLC.
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MYHANH LOUDEN

(Contact Person)

L19000217339 / SOLSTICE REAL ESTATE, LLC.
(Firm/Company)

500 S FEDERAL HWY, #1641

(Address)

HALLANDALE, FL 33008

(City/State and Zip Code)

For further information concerning this matter, please call:

MYHANH LOUDEN

3055150135

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

PKID

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

2021 NOV -3 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2021

MYHANH LOUDEN
500 S. FEDERAL HWY
1641
HALLANDALE, FL 33008

SUBJECT: SOLSTICE REAL ESTATE LLC
Ref. Number: L19000217339

We have received your document for SOLSTICE REAL ESTATE LLC and your check(s) totaling \$525.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ENTITY WAS VOLUNTARILY DISSOLVED 09/28/2021. ENTITY MUST BE ACTIVE TO FILE AMENDMENT.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 121A00025889



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SOLSTICE REAL ESTATE, LLC.

2. The Florida document/registration number assigned to this limited liability company is:

L19000 217 339

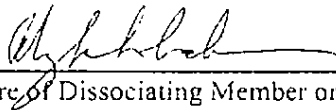
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/2021

4. I, MYHANH LOUDEN, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED REPRESENTATIVE

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FL