

h190000252987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

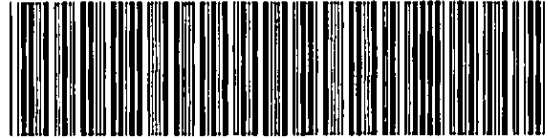
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/13/21--01015--021 **25.00

FILED
2021 APR 19 AM 7:15
TALLAHASSEE, FL

D. BRUCE
JUN 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO BLACK KNIGHTS LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

JOHN R. SAMAAAN, ESQUIRE

(Name of Person)

JOHN R. SAMAAAN, P.A.

(Firm/Company)

1600 E. ROBINSON STREET, SUITE 100

(Address)

ORLANDO, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN R. SAMAAAN

(Name of Person)

407

740-0500

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

2021 APR 19 AM 7:15
TALLAHASSEE
FILING SECTION

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

1. The name of a limited liability company is
ORLANDO BLACK KNIGHTS LLC

2. The Articles of Organization were filed on 10/08/2019 and assigned
document number L19000252887

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2020
(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).
Consent of all Members.

Consent of all Members.

Consent of all Members.

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

CORY J. ALEXANDER

Printed Name

FILING FEE: \$25.00

2021 APR 19 AM 7:15
CLERK OF COURT
JULIA H. HARRIS, CLERK

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: Orlando Black Knights, LLC

Document number of Limited Liability Company is: L19000252887

Date of dissolution was: 12/31/2020

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

Name and address of claimant, amount of claim and basis of claim.

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

520 N ORLANDO AVE. UNIT 25

WINTER PARK, FL 32789

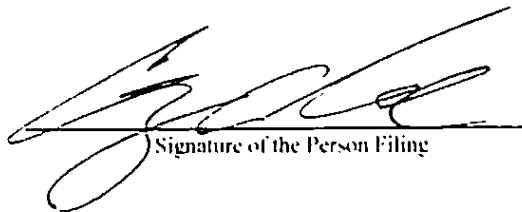
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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

FILED

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.

CORY J. ALEXANDER

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