

L19 000 257 850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED MAY 11 2023

2023 MAY-5 AM 11:24
STATE OF NEW YORK
CLERK OF THE COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hanover Cypress Hammock, 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:

Andrew J. Orosz

(Name of Person)

(Firm/Company)

605 Commonwealth Avenue

(Address)

Orlando, Florida 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew J. Orosz

407

988-1525

at (_____) _____

(Name of Person)

(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

2023 MAY-5 AM 11:24
RECEIVED

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

1. The name of a limited liability company is
Hanover Cypress Hammock, LLC, a Florida limited liability company
2. The Articles of Organization were filed on 10/14/2019 and assigned
document number L19000257850
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 Company has completed the business objectives for which the Company was formed.

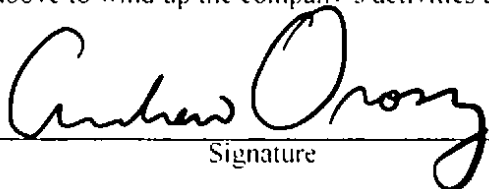
and dissolution is therefore appropriate pursuant to the Operating Agreement of the Company.

As of the date of dissolution, there are no pending claims against the Company, nor any known

facts or circumstances that are reasonably likely to result in a claim.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Andrew J. Orosz
605 Commonwealth Avenue
Orlando, Florida 32803

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

Andrew J. Orosz

Printed Name

FILING FEE: \$25.00

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: Hanover Cypress Hammock, LLC

Document number of Limited Liability Company is: L19000257850

Date of dissolution was: April 28, 2023

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

A detailed description of the claim, including the basis for the claimed liability of the Company,

together with reasonable backup information in support of the same.

	2023 MAY 5 16:11:24

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

Andrew J. Orosz

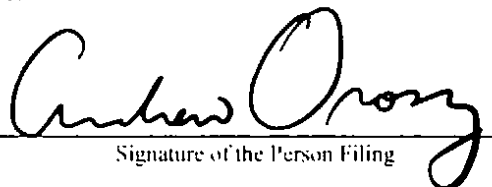
605 Commonwealth Avenue

Orlando, Florida 32803

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.

Andrew J. Orosz

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