

L19000259661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

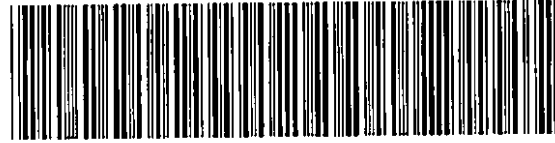
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 30 AM 3:26

2019 OCT 30 PM 4:30

NOV -5 2019

in. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 025311 4722080

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : October 25, 2019

ORDER TIME : 2:57 PM

ORDER NO. : 025311-015

CUSTOMER NO: 4722080

DOMESTIC FILINGS

NAME: 11490 DICKEY LANE LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER'S INITIALS: _____



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2019

CSC

SUBJECT: 11490 DICKEY LANE LLC
Ref. Number: L19000259661

We have received your document for 11490 DICKEY LANE LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Line item number 4 does not provide a description of occurrence that resulted in the company's dissolution.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 519A00022481

19 NOV -1, 3:13:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11490 DICKEY LANE 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:

MICHAEL SCHIAVONE, ESQ.

(Name of Person)

LIPSITZ GREEN SCIME CAMBRIA LLP

(Firm/Company)

42 DELAWARE AVENUE, SUITE 120

(Address)

BUFFALO, NY 14202

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL SCHIAVONE at (716) 844-3500

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

11490 DICKEY LANE LLC

2. The Articles of Organization were filed on 10/28/19 and assigned

document number 119000259661

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 was set up in error.

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:

Michael Schiavone

Signature

MICHAEL SCHIAVONE

Printed Name

FILING FEE: \$25.00

2019 OCT 30 AM 9:29