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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From:
Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

**LLC DISSOLUTION OR WITHDRAWAL
ALTON OFFICE ONE LLC**

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

ALTON OFFICE ONE LLC

Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State:

1. The name of the limited liability company is ALTON OFFICE ONE LLC (the "Company").
2. The Articles of Organization were filed with the Florida Department of State on November 13, 2019, and assigned Document Number L19000271196.
3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by joint written consent of the manager and the holder of all of the issued and outstanding membership interests in the Company (the "Member"), dated as of February 1, 2021.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. All property and assets of the Company have been distributed to the Member.
6. There are no suits pending against the Company in any court.

IN WITNESS WHEREOF, the undersigned hereby execute these Articles of Dissolution as of the 4th day of February, 2021.

MANAGER:

THE KOLTER GROUP LLC

/s/ Mark Roland

By: _____
Mark Roland, Manager

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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

This Notice of Limited Liability Company Dissolution is submitted by the dissolving limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Name of Limited Liability Company: ALTON OFFICE ONE LLC

Document Number of Limited Liability Company: L19000271196.

Date of Dissolution: The dissolution of the Company shall be effective upon the date of filing of the Articles of Dissolution with the Secretary of State of Florida.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: ALTON OFFICE ONE LLC, 105 NE 1st Street, Delray Beach, Florida 33444, Attn: Mark Roland.

A claim against ALTON OFFICE ONE LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MANAGER:

THE KOLTER GROUP LLC

/s/ Mark Roland

By: _____
Mark Roland, Manager