L19000304681

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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10/17/22--01014--006 **25.00

22 NCT 17 NM 7: 41

COVER LETTER

TO:		ration Section on of Corporations				
SHRI		oca Ciega Point Associates, LLC				
SUBJECT: (Name of Limited Liability Company)						
		articles of Dissolution and fee(s) are submit	·			
ricasc	return at	Marshall Kobrin, Esq.	the knowing.			
		(Na	me of Person)			
	AEGIS LAW					
		(Firm/Company)				
	1550 W. Cleveland Street			22		
(Address)			(Address)	90		
	Tampa, Florida 33606			22 001 17 AM		
(City/State and Zip Code)						
For fu	rther info	ormation concerning this matter, please call	i:	7: L		
	Marsh	nall Kobrin	813 699-1194			
		(Name of Person)	(Area Code & Daytime Telephone Number)	_		
Enclose	ed is a che	eck 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			Street Address: Registration Section			
		ion of Corporations	Division of Corporations			
		Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		nassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	a limited liability com oint Associates, LLC	pany is			
2. The Articles	of Organization were (iled on 12/02/2019 and assigned			
document nu	nber <u>1.19000304681</u>				
Note: If the	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 605.0707, Flo	of occurrence that res	ulted in the limited liability company's dissolution pursuant to section 5.0707 on back cover letter).			
	• • •	o Section 605.0701(1) (sale of all or substantially all of the assets of			
the Company).		22 CCT 17			
5. If there are no activities and	1 1	ame and address of the person appointed to wind up the company's rice			
		oca Ciega Point Blvd N			
	St. Pe	ersburg, Florida 33708			
6. Signature of above to wind up	un authorized person of the company's activi				
Poles Oct 5 1012 16 21 EDT	-	Lois Price, Manager			
Signature		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: Boca Ciega Point	Associates, LLC				
Document number of Limited Liability Company is: L	19000304681				
ate of dissolution was: August 12, 2022					
Description of information that must be included in a v	vritten elaim:				
Party making the claim, including name, address, telephone	number:				
Reasonable description of the claim;					
The amount of the claim, including any interest obligations;					
All claims must be in writing					
Mailing address where claims can be sent: (Claims can 275 Boca Ciega Point Blvd.	not be sent to the Division of Corporations)				
St. Petersburg, Florida 33708					
A claim against the above named limited liability compelaim is commenced within 4 years after the filing of the					
Lois Price, Manager	Los Price Oct 5 2027 16 21 E01				
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