K20000031587

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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COVER LETTER

TO:	Registration Section Division of Corporations	•				
SURIE	104 WOODLAKE WYNDE, LLC					
SUBJECT:(Name of Limited Liability Company)						
	closed Articles of Dissolution and fee(s) are submitte return all correspondence concerning this matter to the	-				
	DANIELLE PEYNADO					
(Name of Person)						
BRICK BUSINESS LAW, P.A.						
(Firm/Company)						
3413 W FLETCHER AVE						
(Address)						
TAMPA, FLORIDA 33618						
	(City/State	e and Zip Code)				
For fur	ther information concerning this matter, please call:					
DANIELLE PEYNADO (Name of Person)		813 816-1816 at ()				
		(Area Code & Daytime Telephone Number)				
Enclose	ed 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				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	 The name of a limited liability com 	npany is	
	104 WOODLAKE WYNDE, LLC		
2.	2. The Articles of Organization were	filed on 01/24/2020	and assigned
	document number L20000031587		
3.	Note: If the date inserted in this bloc	olution if not effective on the date of filing anot be prior to or more than 90 days later than date is does not meet the applicable statutory filing e on the Department of State's records.	document is received for timing)
4.	4. A description of occurrence that re 605.0707, Florida Statutes, (copy 60	sulted in the limited liability company's di 05.0707 on back cover letter).	issolution pursuant to section
	Upon The Occurrence Of An Event Do	escribed in s.605.0701(2), The Consent Of Ali	Members.
	Upon The Occurrence Of An Event De	scribed In s.605.0701(2), The Consent Of All	Members.
5.	5. If there are no members, enter the activities and affairs:	name and address of the person appointed	
			SEE TO
			9: 42 9:42
6. at	6. Signature of an authorized person of above to wind up the company's active	or if there are no members, the signature o	of the person appointed and listed
	W)	MARK JACOBY	
	Signature	Printe	d 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:	
Document number of Limited Liability Company is: L20000031587	
Date of dissolution was:	
Description of information that must be included in a written claim:	
DATE OF EVENT, NAME OF PARTIES, AMOUNT OF CLAIM; DESCRIPTION OF CLAIM	
CONTACT TELEPHONE NUMBER AND EMAIL ADDRESS	
ALL SUPPORTING DOCUMENTS FOR THE CLAIM	_
ASS	Ī
E e A	ļ
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation)	
104 WOODLAKE WYNDE, LLC	
C/O KEVIN BRICK, ESQ.	
BRICK BUSINESS LAW, P.A.	
3413 W FLETCHER AVE, TAMPA FLORIDA 33618	
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. MARK JACOBY	
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