

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

LLC DISSOLUTION OR WITHDRAWAL
ANDRADE FAM DG LINWOOD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

APR 29 2021

M. SOLOMON

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H210061701825

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDRADE FAM DG LINWOOD, 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:

PETER R RAY

(Name of Person)

PETER R RAY/ COHEN , NORRIS, ET. AL.

(Firm/Company)

712 US HIGHWAY ONE #400

(Address)

NORTH PALM BEACH, FL 33408

(City/State and Zip Code)

2021 APR 28 AM 10:25

CLD

For further information concerning this matter, please call:

LYNN REEVES

(Name of Person)

561

615-1030

at (

(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

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

1. The name of a limited liability company is
ANDRADE FAM DG LINWOOD, LLC
2. The Articles of Organization were filed on 03/25/2020 and assigned
document number L20000089613
3. The delayed effective date the dissolution if not effective on the date of filing: 04/28/21
(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).
PROPERTY WAS TRANSFERRED TO AN EXISTING ENTITY.
PROPERTY WAS TRANSFERRED TO AN EXISTING ENTITY.
PROPERTY WAS TRANSFERRED TO AN EXISTING ENTITY.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: MANUEL S ANDRADE
53 ST. THOMAS DR.
PALM BEACH GARDENS, FL 33418
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:

DocuSigned by:

Manuel S. Andrade

Y841AAEFAS7F4F8...

Signature

MANUEL S ANDRADE

Printed Name

FILING FEE: \$25.00

2021 APR 28 AM 10:25