L20000103128

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(ott) otate/21p/1 Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

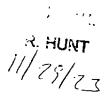
Office Use Only



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11/23/13--01007--022 ••25.00

2023 NOV 29 PM 12: 40



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liability company is 66 College, LLC		
2.	The Articles of Organization were filed on _	04-14-2020 and assigned	
	document numberL20000103128		
3.	(effective date cannot be prior	f not effective on the date of filing: 11-20-2023 or to or more than 90 days later than date document is received for filing) of meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be
4.	A description of occurrence that resulted in t 605.0707, Florida Statutes, (copy 605.0707 o Unanimous Consent of all Members	the limited liability company's dissolution pursuant to sectio on back cover letter).	n
,	· · · · · · · · · · · · · · · · · · ·) V S 2023
) 1023 HOV 29
	If there are no members, enter the name and activities and affairs:	I address of the person appointed to wind up the company's	0KFCEAN
			6
ó. ibo	Signature of an authorized person or if there ove to wind up the company's activities and a	e are no members, the signature of the person appointed and I affairs:	isted
-	for light prober	William C Lloyd	
	y Signature	Printed Name	

FILING FEE: \$25.00

COVER LETTER

TO:		ration Section on of Corporations					
SUBJI	66 ECT:	6 College, LLC					
(Name of Limited Liability Company)							
		rticles of Dissolution and fee(s) are submitted correspondence concerning this matter to	-				
		William C Lloyd					
(Name of Person)							
66 College, LLC							
	(Firm/Company)						
	147 2nd Ave S, Ste 400						
	(Address)						
	St Petersburg, FL 33701						
		(City/Sta	te and Zip Code)	2023 NOV 29 F			
For fur	ther infor	mation concerning this matter, please call:		PM 12: 40			
	Angela	Thompson	727 895-2150 at ()	÷			
	-	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	ed is a chec	ck 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)				
	Regist Divisi P.O. E	g Address: tration Section on of Corporations Box 6327 tassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				