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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GIBBONS, NEUMAN, BELLO, SEGALL, ALLEN & HALLORAN, P.A.

Account Number : I20000000178 Phone : (813)877-9222 Fax Number : (813)877-9290

# LLC DISSOLUTION OR WITHDRAWAL RIVER LEFT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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#### **COVER LETTER**

	gistration Section rision of Corporations	
SUBJECT:	River Left, LLC	
		ited Liability Company)
The enclosed	1 Articles of Dissolution and fee(s) are submi	itted for filling.
Please return	a 2ll correspondence concerning this matter to	o the following:
	Jonathan S. Gilbért, Esq.	•
	(Na	me of Person)
	Gibbons   Neuman	
	(Fi	rm/Company)
	3321 Henderson Blvd.	
		(Address)
	Tampa, FL 33609	
	(City/St	ate and Zip Code)
or further in	nformation concerning this matter, please cal	l:
Jon	atha S. Gilbert	813 877-9222 at ( )
<del></del>	(Name of Person)	at (
nelosed is a	direck for the following amount:	
_	00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	ling Address: gistration Section	Street Address: Registration Section
Div	rision of Corporations  D. Box 6327	Division of Corporations
ب. ت	7. DUX 0341	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

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### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	The name of a limited liability company is River Left, LLC
	The Articles of Organization were filed on 05/01/2020 and assigned
	document number 1.20000116587
	The delayed effective date the dissolution if not effective on the date of filing. Sept. 30, 2022  (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.
	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).
	Consent of all of the members.
•	
-	
	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	Signature of an authorized arrange of its arrange and the signature of an authorized arrange of its arrange of the signature
Ç	Signature of an authorized person or if there are no members, the signature of the person appointed and listed we to wind up the company's activities and affairs:
	<i>/</i>
1	Ose and a la force a Alessandra Corona Marie de gen
•	Signature Printed Name
	FILING FEE: \$25.00

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## 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.

TAWITC I	of Limited Liability Company:
Docum	ent number of Limited Liability Company is;
	dissolution was: September 30, 2022
Descrip	otion of information that must be included in a written claim:
Any cl:	nims must indicate the date the claim was incurred, the amount of the claim, the reason for the claim,
and doo	cumentary proof of the claim.
<del></del>	
Mailin	address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Mailin	address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  c/o Jonathan S. Gilbert, Esq.
Mailin	
Mailin	c/o Jonathan S. Gilbert, Esq.

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.

Alessandra Corona

Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00