

L20000135105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

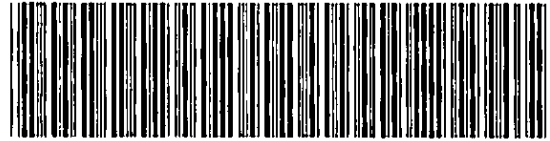
(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 SEP - 7 PM 3:16
SEP 3 2023 SEP - 7 AM 10:27
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEQ602 OCEANFRONT 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:

KRISTINA M. LARUCCI

(Name of Person)

KATTEN MUCHIN ROSENMAN LLP

(Firm/Company)

525 W. MONROE ST. STE. 1900

(Address)

CHICAGO, IL 60661

(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTINA M. LARUCCI

(Name of Person)

312

577-8227

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

FILED
SECRETARY OF STATE
2023 SEP -7 AM 10:27

1. The name of a limited liability company is
LEQ602 OCEANFRONT LLC

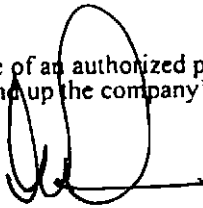
2. The Articles of Organization were filed on 5/22/2020 and assigned
document number L20000135105

3. 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 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).
THE COMPANY IS NO LONGER TRANSACTING THE BUSINESS FOR WHICH IT WAS FORMED.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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:



Signature

NIGEL LE QUESNE

Printed Name

FILING FEE: \$25.00