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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904)359-7700
Fax Number : (904)359-7708

**LLC DISSOLUTION OR WITHDRAWAL
COMMUNITY ONE TITLE,LLC**

Certificate of Status	0
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**ARTICLES OF DISSOLUTION
OF
COMMUNITY ONE TITLE, LLC**

ARTICLE I

The name of this limited liability company is Community One Title, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on June 29, 2020, and assigned Document Number L20000176116.

ARTICLE III

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on February 17th, 2021.

ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

ARTICLE V

All remaining property and assets of the Company have been distributed to its sole member in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

ARTICLE VI

There are no suits pending against the Company in any court.

ARTICLE VII

The effective date of the dissolution of the Company shall be as of the date of filing these Articles of Dissolution.

Dated this 17th day of February 2021.

COMMUNITY ONE TITLE

By: Svero Holdings, LLC, its Manager

By: 

Jonathan D. Sawyer
Manager

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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.

Name of Limited Liability Company: Community One Title, LLC

Document number of Limited Liability Company is: L20000176116

Date of dissolution was: March 2, 2021

Description of information that must be included in a written claim:

The identity and contact information of the person or entity asserting the claim, a description of the basis for the claim, the date the claim arose, the amount of the claim, and a detailed description of the facts and circumstances underlying the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5404 Cypress Center Drive, Suite 300

Tampa, Florida 33609

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.

Jonathan D. Sawyer

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

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