

L20000203427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

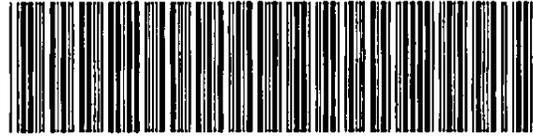
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

JW

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tradewinds South Palm Beach LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon Miller
(Name of Person)

Tradewinds South Palm Beach
(Firm/Company)

6795 Lake Island Dr.
(Address)

Lake Worth, FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Miller at 561-716-4446
(Name of Person) (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 TradeWinds South Palm Beach LLC

2. The Articles of Organization were filed on July 14, 2020 and assigned document number L20000203427

3. The delayed effective date the dissolution if not effective on the date of filing: 4/14/21
(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).

A full time position in another industry caused owner to decide to close company and focus on new job.

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

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TALLAHASSEE, FLORIDA

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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

Jonathan Miller
Printed Name

FILING FEE: \$25.00