120000203949

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				
IIMILS				
V • • • • • • • • • • • • • • • • • • •				
Office Use Only				



500434829885

08/30/24--01007--010 ++55.00

M (13 30 #1 8)

COVER LETTER

TO:		istration Section sion of Corporations				
SUBJE		JAMES BRONSON REA, LLC				
	ted Liability Company)					
The enc	losed	Articles of Dissolution and fee(s) are submit	tted for filing.			
Please r	eturn	all correspondence concerning this matter to	the following:			
		James B. Rea				
		(Nar	me of Person)			
	JAMES BRONSON REA, LLC					
		(Fin	m/Company)			
	722 Bear Creek Circle					
	(Address)					
	Winter Springs, FL 32708					
(City/State and Zip Code)						
For further information concerning this matter, please call:						
	Jam	es B. Rea	407 288-7222 at ()			
		(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed	d is a c	heck for the following amount:				
☐ \$25.00 Filing Fee and Certificate of Dissolution		00 Filing Fee and Certificate of Dissolution	■ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section			Street Address: Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Turianasso, I D S D S T			Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabilit ES BRONSON REA, LLC	company is	
2.	The Articles of Organization	were filed on 07/15/2020 and assigned	 '
	document number L20000203	49	
3.	Note: If the date inserted in the	dissolution if not effective on the date of filing: or or more than 90 days later than date document is received for block does not meet the applicable statutory filing requirements, this date e date on the Department of State's records.	filing) will not be
4.	A description of occurrence to 605.0707, Florida Statutes, (co	at resulted in the limited liability company's dissolution pursuant to py 605,0707 on back cover letter).	section
	New entity formed and no furthe	need for current entity	
	New entity formed and no further		
		need for current clinity	
			<u> </u>
5.	If there are no members, ente activities and affairs:	the name and address of the person appointed to wind up the compa	any's
		·.	<u>F</u> :
			52
			
6. ab	Signature of an authorized pe ove to wind up the company's	son or if there are no members, the signature of the person appointed activities and affairs:	d and listed
		James B. Rea, Managing Member	
	Signature	Printed Name	
		DIL ING DDD A44 A4	

FILING FEE: \$25.00

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: JAMES BRONSON REA, LLC	
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a written claim:	
Name, invoice date, account number, vendor address, telelphone, and email	120
	80
	22.20
Mailing address where claims can be sent: (Claims cannot be sent to the Di 722 Bear Creek Circle, Winter Springs, FL 32708	
	
A claim against the above named limited liability company will be barred u claim is commenced within 4 years after the filing of this notice.	nless a proceeding to enforce the
James B. Rea. Managing Member	
Printed Name of the Person Filing Sig	nature of the Person Filing

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