K20000215939

| (Requ | uestor's Name) | |
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| (Addr | ess) | |
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| (City/ | State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
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| (Busi | ness Entity Nar | ne) |
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| (Docu | ument Number) | |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to Fi | ling Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: 1922 LUlleby D. (Name of Limited | Liability Company) |
| The enclosed Articles of Dissolution and fee(s) are submitted. Please return all correspondence concerning this matter to the Robert A Lecture (Name | |
| 2379 Demaret 1 Dunedin Fi 31 | Company) Address) Alb 9 8 and Zip Gode) |
| For further information concerning this matter, please call: Policy A | at (727) 776 - 8919 28 (Area Code & Daytime Telephone Number) 33 S55.00 Filing Fee, Certificate of Dissolution & 441 |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Certified Copy (additional copy is enclosed) 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

| i. | The name of a limited liability company is |
|----------|--|
| | 1922 Lullaby Dr LLC |
| 2. | The Articles of Organization were filed on DV 28, 2020 and assigned |
| | document number <u>L20000215939</u> |
| 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 Proporty hoes boon Sold |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| | Robert A Lossie |
| | 2379 Domaret Or |
| | Dunedin FL 34698 |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: |
| / | 1 A Parti |
| K | 19/24/ Signature Printed Name |

FILING FEE: \$25.00