L20000232979

(Requestor's Name)			
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(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Duciness Fathy Marsa)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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2020 SEP 25 PM C. CO DIVISION OF CORPURATION DIVISION OF CORPURATION

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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

9/25/20

NAME: AB 4634 CARLTON DUNES, LLC

TYPE OF FILING: DISSOLUTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

File first

TO:

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	AB 4634 Carlton Dunes, LLC	
	(Name of Limite	d Liability Company)
	ed Articles of Dissolution and fee(s) are submitte	
Please retur	n all correspondence concerning this matter to t	he following:
	Cindy Landreau	
	(Nam	e of Person)
	MendenFreiman, LLP (Firm	√Company)
	5565 Glenridge Connector NE	Suite 850
		Address)
	Atlanta, Georgia 30342 (City/State	te and Zip Code)
For further	information concerning this matter, please call:	
	Cindy Landreau (Name of Person)	at (770) 559-5577 (Area Code & Daytime Telephone Number)
Enclosed is	a check for the following amount:	
Œ S S∶	25.00 Filing Fee and Certificate of Dissolution	 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
R D	Iailing Address: Legistration Section Division of Corporations LO. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2320 SEP 25 PAI 1:01

Ì.	The name of a limited liabilit	y company is	2310 02 20	
	AB 4634 Carlton	Dunes, LLC	·	
2.	The Articles of Organization	were filed on _	August 4, 2020 and assigned	
	document number <u>L200002</u>	.32979		
3.	(effective of Note: If the date inserted in 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) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a state document's effective date on the Department of State's records.		
4.	A description of occurrence (605.0707, Florida Statutes, (c	hat resulted in opy 605.0707 c	the limited liability company's dissolution pursuant to section on back cover letter).	
	Members decided it was in	the best interes	st of the company to dissolve this Florida entity and form	
5.	If there are no members, ente	er the name and	d address of the person appointed to wind up the company's	
	activities and affairs:	Alyssa E	3arbour	
		4408 Le	ochsa Lane	
		Suwane	ee, Georgia 30024	
6. ab	Signature of an authorized pove to wind up the company	erson or if there s activities and	e are no members, the signature of the person appointed and listed affairs:	
	pn		Alyssa Barbour	
	Signature		Printed Name	

FILING FEE: \$25.00