L20000366384

	Requestor's Name)	
(A	(ddress)	
(A	address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
	,	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only

A. RIVERS FEB 2 8 2023



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PILED
2022 DEC -9 PH12: 52

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 5	Avenue Title Services, LLC		
	(Name of Limited Liability Company)		
	n and fee(s) are submitted for filing.		
Please return all correspondence co	ncerning this matter to the following:		
	(Name of Person)		
(Name of Person)			
Jo	OHPS, Haber & Rollings (Firm/Company)		
_ 	(Firm/Company)		
163	3 SE 47+11 Tellacl (Address)		
<u> </u>	City/State and Zip Code)		
	(City/State and Zip Code)		
For further information concerning	this matter, please call:		
Thomas M.	Tats (d) at (239) 542-0780 (Area Code & Daytime Telephone Number)		
(Name o	of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following	amount:		
\$25.00 Filing Fee and Certi	ficate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporat	ions Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

Tallahassee, FL 32314

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 St. Avellul Title Solvices, LCC.
2.	The Articles of Organization were filed on $8/26/2020$ and assigned
	document number 62000266284
3.	The delayed effective date the dissolution if not effective on the date of filing: \(\frac{1}{2} \) \
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).
	Lack of business which made it impossible
	to continue to provide claring services
	and pay business expenses. (Hurricare Ian)
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Thomas W. Toussa - Registed Agents and Wangel
	1633 SE 47th Tellace
	Coepe Coral FL 33704
6. at	Signature of an authorized person or if there are no members, the signature of the person appointed and isted over to wind up the company's activities and affairs:
	THOMAS M. TARSIA
	Signature Printed Name FILING FEE: \$25.00
	FILING FEE: \$25.00