

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
 Account Number : I19990000006
 Phone : (407)425-7010
 Fax Number : (407)425-2747

LLC DISSOLUTION OR WITHDRAWAL
TERRA BONA HOMEOWNERS' ASSOCIATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

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2020 DEC -1 PM 4:38

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DEC 02 2020

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December 1, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TERRA BONA HOMEOWNERS' ASSOCIATION LLC
5724 TERRA BONA COURT
SANFORD, FL 32771US

SUBJECT: TERRA BONA HOMEOWNERS' ASSOCIATION LLC
REF: L20000296531

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please remove the consent letter from the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000405842
Letter Number: 220A00023907

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TERRA BONA HOMEOWNERS' ASSOCIATION LLC**

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

CHRISTINE L. WEINGART, ESQUIRE

(Name of Person)
ZIMMERMAN, KISER & SUTCLIFFE

(Firm/Company)
315 E ROBINSON ST., STE 600

(Address)
ORLANDO, FLORIDA 32801

(City/State and Zip Code)

For further information concerning this matter, please call.

BARBIE A. BLANDINA, PARALEGAL at **407 425-7010**

(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
TERRA BONA HOMEOWNERS' ASSOCIATION LLC

2. The Articles of Organization were filed on 09/21/2020 and assigned
document number L20000296531

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).

Entity formed incorrectly as an LLC

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STATE OF FLORIDA

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

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:

Kaleigh Seidel Signature KALEIGH SEIDEL Printed Name

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: TERRA BONA HOMEOWNERS' ASSOCIATION

Document number of Limited Liability Company is: L20000296531

Date of dissolution was: 11/30/2020

Description of information that must be included in a written claim:

1. If an individual, the name and address of Claimant. If an entity, the name of the entity, address of the principal office and state of formation, & the registered agent of the entity.
2. The nature of the claim and the specific facts and alleged acts and/or omissions surrounding the claim; all parties involved in the claim.
3. Description of amount/remedy being sought by Claimant.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5724 Terra Bona Court
Sanford, Florida 32771

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 OF FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

KALEIGH SEIDEL
Printed Name of the Person Filing

Kaleigh Seidel
Signature of the Person Filing

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