

L210000067559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

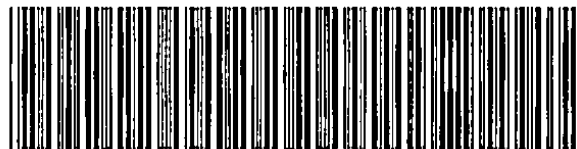
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200396333242

11/04/22--01012--009 **50.00

FILED
22 NOV -11 AM 11:42
STATE
OF FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Boone Bolton LLC

2. The Articles of Organization were filed on WTA 2/5/19 and assigned

document number WTA L19000036142

3. The delayed effective date the dissolution if not effective on the date of filing: 4-2-22
(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).

NOT Viable

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

~~NO MEMBERS~~ DAVID BOLTON
1556 HARBOUR CLUB DR.
Ponte Vedra, FL, 32082

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:

ONLY MEMBER IS ME

David Bolton
Signature

DAVID BOLTON
Printed Name

FILING FEE: \$25.00

FL. DEPT OF STATE

PD 11-2-22

#4218

FILED
DEPT OF STATE
TALLAHASSEE, FL
11-2-22 PM 12:53

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Properties RKAD

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anthony DeLeo

(Contact Person)

Atlantic Properties RKAD

(Firm/Company)

380 racquet club rd #106

(Address)

Weston FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony DeLeo

(Name of Contact Person)

at (718) 541 4276

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

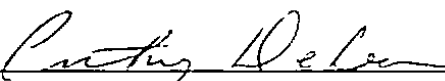
FILED
22 NOV -4 AM 11:42
TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Atlantic Properties RKAD LLC
2. The Florida document/registration number assigned to this limited liability company is:
L21000007559
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2022
4. I, Anthony DeLeo, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)