

L21000011666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

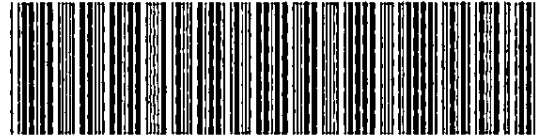
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300394803373

09/28/22--01010--015 **25.00

2022 SEP 28 PM 3:03
ALL ISSUED FLORIDA

DEC 22 2022

J. PRATHE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal Holdings Group 140-41 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:

CRAIG M. SIMONS
(Name of Person)

(Firm/Company)

P.O. Box 443
(Address)

Tallahassee, FL 34270
(City/State and Zip Code)

For further information concerning this matter, please call:

CRAIG M. SIMONS at (847) 840-7013
(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**

CLERK OF COURT
TALLAHASSEE, FLORIDA

2022 SEP 28 PM 3:03

1. The name of a limited liability company is

Universal Holdings Group 140-41 LLC

2. The Articles of Organization were filed on January 4, 2021 and assigned

document number L21000011666

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).

Single Member LLC - Rental Property

Dissolved For Business Reasons

140 41st Circle East

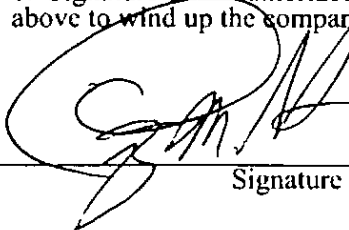
Bradenton, FL 34208

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

P.O. Box 443

Tallahassee, FL 34202

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:


Signature

CRAIG M. SIMONS
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.

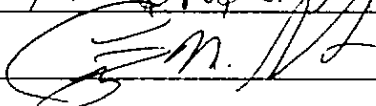
This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Universal Holdings Group 140-41 LLC

Document number of Limited Liability Company is: L210001166

Date of dissolution was: Sept 26, 2022

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

Single Member LLC, Rental Property
No longer a rental property
Quit claim deed into my personal name
Took primary residence of the property for business
reasons. Thank you 

FILED
2022 SEP 28 PM 3:03

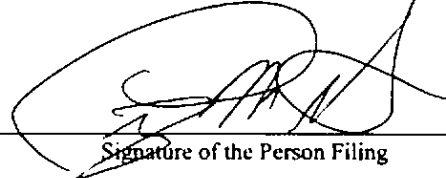
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

CRAIG M. SIMONS
P.O. Box 443, Tallahassee FL 32309

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.

CRAIG M. SIMONS

Printed Name of the Person Filing



Signature of the Person Filing