# L21000021313

(Requestor's Name)
(Address)
(Address)
(1.001030)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

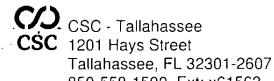




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2024 DEC -9 AM 10: 41





850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 12/09/24 Order #: 1720055-1

Re: 4304 One Paraiso LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

12000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# STATE OF FLORIDA ARTICLES OF DISSOLUTION OF 4304 ONE PARAISO LLC

The undersigned, being an authorized person of 4304 ONE PARAISO LLC, a limited liability company (the "Limited Liability Company"), organized and existing under the Florida Revised Limited Liability Company Act of the State of Florida, desiring to dissolve the Limited Liability Company,

#### HEREBY CERTIFIES AS FOLLOWS:

FIRST: The name of the Limited Liability Company is 4304 ONE PARAISO LLC.

SECOND: The Articles of Organization of the Limited Liability Company were filed on January 20, 2021 and assigned document number L21000021373.

THIRD: The date the dissolution was authorized is 12/4/2024. The dissolution shall be made effective with the Florida Department of State upon the filing of these Articles of Dissolution.

FOURTH: Pursuant to Section 605.0707(2)(c), Florida Statutes, the Limited Liability Company's dissolution is a result of no business activity.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution on this \_\_\_\_\_\_\_.

### 4304 ONE PARAISO LLC

By:

Ostrioospociase 48A

Name: Andrea Guerreri

Title: Authorized Person

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