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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT	MAIL	
(Business Entity Name)		
(200333 2,		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to Filling Officer.		

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SURJECT: Creen Family Prope (Name of Limited L	iability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted  Please return all correspondence concerning this matter to the		
Carl E Green	of Person)	
Green Family Prope	Rties and Management LLC	
1503 Killian DR N	Idress)	
Palm Bay, FL 3- (City/State	ZGOS and Zin Code <sup>1</sup>	
For further information concerning this matter, please call:		
Carl E Creen (Name of Person)	at (317) 748-9925 (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 & Contified Conv (additional conv is enclosed)	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	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

1. The name of a limited liability company is
Green Family Properties and Management
1. The name of a limited liability company is  Creen Family Properties and Management LLC  2. The Articles of Organization were filed on 01/14/2021 and assigned
document number <u> </u>
The delayed effective date the dissolution if not effective on the date of filing:  (enective date cannot be price to a little 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).
Retireing from all business ventures
920 17
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Carl E Green
1503 Killian DR HE Palm Bay, FL 32905
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:
$O_{2}$
Signature Carl E. Green Printed Name

FILING FEE: \$25.00