

L 21000039735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

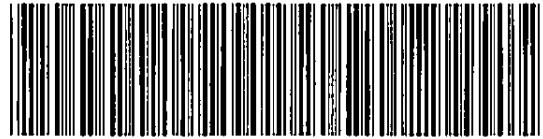
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SEC. OF STATE
TALLAHASSEE, FLA.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 174 HARBOR DRIVE, 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:

KATALINA PENARANDA, ESQ.

(Name of Person)

BOHATCH & PENARANDA, P.L.L.C.

(Firm/Company)

7301 SW 57TH COURT, SUITE 560

(Address)

SOUTH MIAMI, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

KATALINA PENARANDA, ESQ.

(Name of Person)

at (305 666-1040)

(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

174 HARBOR DRIVE, LLC

2. The Articles of Organization were filed on 01/20/2021 and assigned

document number 1.21000039735

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).

THE MEMBERS UNANIMOUSLY AGREE TO DISSOLVE THE LLC.

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

activities and affairs: LUANN M. HOFFMAN

930 SANIBEL DRIVE

HOLLYWOOD, FL 33019

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

LUANN M. HOFFMAN

Printed Name

FILING FEE: \$25.00

2024 APR 23 11:17:11
SEC. OF STATE
TALLAHASSEE, FL

FILED