

L21090065029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

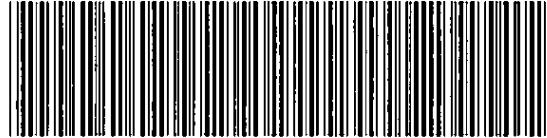
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Dissolution

Office Use Only



800417128888

S CHAT: 11:11
NOV 14 2023

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2023 NOV 13 AM 11:59

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TALLAHASSEE, FLORIDA



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TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/10/2023

Name: Juliana

Reference #: 2176531

Entity Name: FFAH MERRITT PLACE ESTATES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: Juliana Presha

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

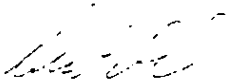
1. The name of a limited liability company is
_____ FFAH Merritt Place Estates, LLC _____
2. The Articles of Organization were filed on _____ 02/16/2021 _____ and assigned
document number _____ L21000065029 _____
3. The delayed effective date the dissolution if not effective on the date of filing: _____ 08/01/2021 _____
(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 consent of all the members

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

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

Darrin Willard

Printed Name

FILING FEE: \$25.00

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