

L21 0000098397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

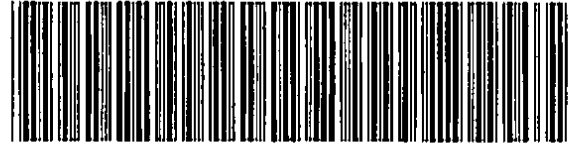
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JA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lantana Shaaban Properties 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:

Belinda B. Shaaban
(Name of Person)

(Firm/Company)

1805 East 12th Street
(Address)

Lynn Haven, FL 32444
(City/State and Zip Code)

For further information concerning this matter, please call:

Belinda B. Shaaban at (850) 814-3108
(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**

1. The name of a limited liability company is

Lantana Shaaban Properties, LLC

2. The Articles of Organization were filed on 03/01/2021 and assigned

document number L21000098397

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).

Lantana Shaaban Properties intended to purchase & remodel
a home. However, numerous setbacks regarding the sale
of the home and its condition made the venture
too risky to attempt. Thus, we made the decision to dissolve the entity

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

1805 E. 12th Street

Lynn Haven, FL 32444

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:

Belinda B. Shaaban
Signature

Belinda B. Shaaban
Printed Name

FILING FEE: \$25.00