

L21000106272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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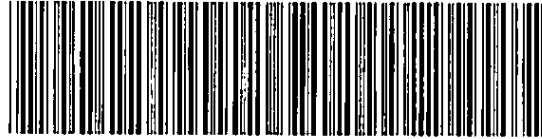
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR 12 AM 8:34

CLERK OF STATE
TALLAHASSEE, FL

2022 APR 12 PM 1:55

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• P.O. BOX 10662 TALLAHASSEE, FL 32302

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04/11/22

NAME: TRG OPA LAKES MEMBER, LLC


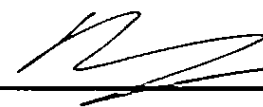
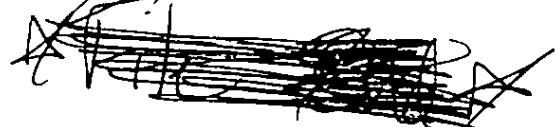
TYPE OF FILING: DISSOLUTION




COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRG Opa Lakes Member, 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:

Chris Beresford, Paralegal

(Name of Person)

Nelson Mullins Riley & Scarborough LLP

(Firm/Company)

390 N. Orange Avenue, Suite 1400

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Beresford, Paralegal

(Name of Person)

at (407) 481-5226

(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**

FILED
2022 APR 12 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
TRG Opa Lakes Member, LLC

2. The Articles of Organization were filed on March 12, 2021 and assigned
document number L21000106272

3. The delayed effective date the dissolution if not effective on the date of filing: 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 limited liability company is being dissolved pursuant to the consent of the member(s)

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: William T. Fabbri, Manager
477 South Rosemary Avenue, Suite 301
West Palm Beach, FL 33401

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

William T. Fabbri, Manager

Printed Name

FILING FEE: \$25.00