

L21 000 228 706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

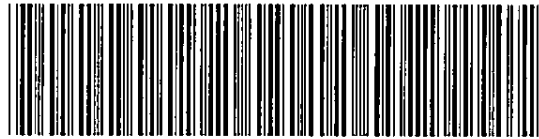
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC 20 PM 4:53
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RETAIL DOVE 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:

JOHN YARABEK

(Name of Person)

2008 HARTLEBURY WAY

(Firm/Company)

SUN CITY CENTER, FL 33573

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN YARABEK

(Name of Person)

813

at (_____) _____

419-4777

(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

RETAIL DOVE LLC

2. The Articles of Organization were filed on MAY 17, 2021 and assigned

document number L21000228706

3. The delayed effective date the dissolution is not effective on the date of filing: 09/27/2024

(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).

Complete loss of business activity began with COVID and further impacted by weather - Hurricanes & Storms.

Complete loss of business activity began with COVID and further impacted by weather - Hurricanes & Storms.

Complete loss of business activity began with COVID and further impacted by weather - Hurricanes & Storms.

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

JOHN YARABEK

2008 HARTLEBURY WAY

SUN CITY CENTER, FL 33573

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DEPT OF STATE
TALLAHASSEE, FL

FILED

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

JOHN YARABEK

Printed Name

FILING FEE: \$25.00



DIVISION of
CORPORATIONS
an official State of Florida website

Articles of Dissolution For A Limited Liability Company

Name of Limited Liability Company RETAIL DOVE LLC
Principal Address 7901 4TH STREET NORTH
SUITE #4000
ST. PETERSBURG, FL 33702

The Articles of Organization were filed on 05/17/2021 and assigned document number L21000228706.
Required Filing Fee: \$25.00

Certificate of Status (Automatically issued) What is a certificate of status?
Certified Copy ☐ \$30.00 (Optional) What is a certified copy?

The certification will be sent to the e-mail address entered below.

Correspondence E-mail Address

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing will be sent.

E-mail Address

Re-enter Email Address

Effective date, if not effective on the date of filing: 09/27/2024 (mm/dd/yyyy) (Cannot be prior to or more than 90 days after date of filing)

A description of occurrence that resulted in the limited liability company's dissolution.
(Maximum of 240 characters.)

The complete loss of business activity is due to complications stemming from COVID and the big impacts of the weather. Hurricanes and storms.

99 chars remaining

If there are no members, enter the name and address of the person appointed to windup the company's activities and affairs:

Name
Address
City, State FL
Zip Code & Country Un

I hereby certify that the information indicated on this document is true and accurate and that my electronic signature shall have the same legal effect as if made under oath.

Signature of an authorized person, or, if there are no members, the signature of the person appointed and listed above to windup the company's activities and affairs:

Signature John Yarabek

The individual "signing" this document affirms that the facts stated herein are true.

ASSIGNED WORK TODAY 12/16/24