

L21 000 230 354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

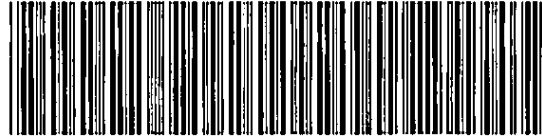
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/07/21--01040--003 **25.00

2021 SEP -7 AM 7:46

SEP 11 2021

Handwritten signature/initials

SEP 24 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1790 LAS OLAS 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:

STUART DAVIS

(Name of Person)

(Firm/Company)

P.O. Box 585

(Address)

LEWISTON NY 14092

(City/State and Zip Code)

For further information concerning this matter, please call:

STUART DAVIS

(Name of Person)

at (804) 201-1114

(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

1790 LAS OLAS LLC

2. The Articles of Organization were filed on May 18, 2021 and assigned

document number L21000230354

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).

BUSINESS NOT VIABLE

2021 SEP -7
AM 7:46

FILED

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:

Stuart Davis

Signature

STUART DAVIS

Printed Name

FILING FEE: \$25.00