

h21000245908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

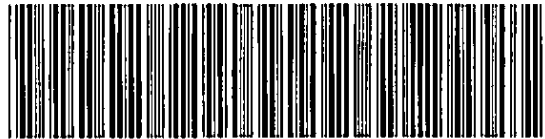
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Special Instructions to Filing Officer:

Q. SILAS

FEB 16 2022

Office Use Only



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02/03/22--01008--006 \*\*25.00

FILED  
2022 FEB -3 PM 4:00  
SECRETARY OF STATE  
TOLSON, D.C.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1701 SE 5TH, 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:

MARK S ZAHARIS

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

206 TAUGHANNOCK BLVD.

\_\_\_\_\_  
(Address)

ITHACA, NY 14850

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK S ZAHARIS

\_\_\_\_\_  
(Name of Person)

607

279-8806

at (

\_\_\_\_\_) \_\_\_\_\_  
(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 FEB -3 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is  
1701 SE 5TH, LLC

2. The Articles of Organization were filed on 05/26/2021 and assigned  
document number L21000245908

3. The delayed effective date the dissolution if not effective on the date of filing: 02/01/2022  
(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.

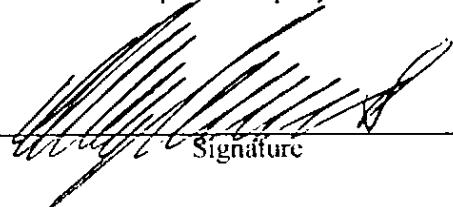
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
LLC WAS NEVER USED. NO TRANSACTIONS HAVE EVER TAKEN PLACE.

LLC WAS NEVER USED. NO TRANSACTIONS HAVE EVER TAKEN PLACE.

LLC WAS NEVER USED. NO TRANSACTIONS HAVE EVER TAKEN PLACE.

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

MARK S ZAHARIS

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**