## 121000287783

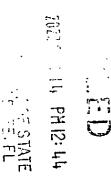
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



000398935320

12/12 23-11 1-mmy - 00 .



## **COVER LETTER**

Division of Corporations	•	
SUBJECT: <u>HUlfside Floride</u> (Name of Limited	Properties LLC	
(Name of Limited	Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	l for filing.	
Please return all correspondence concerning this matter to the	: following:	
Benjamin R	Anderson	
(Firm/C	Company)	
23160 155th	ST	
Leavenworth, (City/State	KS 66048	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Hillary Anderson	at (913) 306 3156	
(Name of Craon)	(Alex Code to Dayline Petersione Painter)	
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:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is <u>AUFSIDE FLORICA PROPERTIES LLC.</u>
	·
2.	The Articles of Organization were filed on <u>JUDU 21, 2021</u> and assigned
	document number <u>L21000287783</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 12/30/2022 (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).
	TRATE
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 al	. Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
4	Muy andwsm Hilary Anderson

FILING FEE: \$25.00