

10/10/24, 3:13 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000302807

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROETZEL & ANDRESS
Account Number : I20000000121
Phone : (239)649-6200
Fax Number : (239)261-3659

**LLC DISSOLUTION OR WITHDRAWAL
LAKESIDE HIA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Lakeside HIA LLC

2. The Articles of Organization were filed on 06/30/2021 and assigned

document number L21000302807

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)

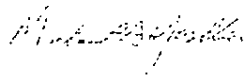
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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).

UNANIMOUS CONSENT OF THE MEMBERS TO DISSOLVE

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

Michael S. Yashko

Printed Name

FILING FEE: \$25.00

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(((H24000341074 3)))

Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Lakeside HIA LLC

Document number of Limited Liability Company is: L21000302807

Date of dissolution was: 10/10/2024

Description of information that must be included in a written claim:

Name and address of claimant, description of the nature of the claim, and amount of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Roetzel & Andress, LPA

c/o Michael S. Yashko

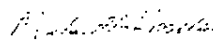
999 Vanderbilt Beach Road, Suite 401

Naples, FL 34108

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice

Michael S. Yashko

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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