L21000337791

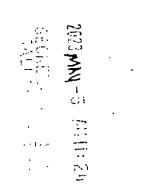
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	Hanover 1109 Oaks, LLC			
	(Name of Limi	ted Liability Comp	iny)	
The enclosed	Articles of Dissolution and fee(s) are submi	tted for filing.		
Please return	all correspondence concerning this matter to	o the following:		
	Andrew J. Orosz			
(Name of Person)				
	(Fin	rm/Company)		
	605 Commonwealth Avenue			့ ည
	Orlando, Florida 32803	(Address)	·	EVIEW C
	(City/St	ate and Zip Code)		ن :
For further in	formation concerning this matter, please cal	l:		:
And	rew J. Orosz	407	988-1525	
	(Name of Person)	at () 'ode & Daytime Telepho	ne Number)
Enclosed is a c	sheek for the following amount:			
■ \$25 .	00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Diss Copy (additional copy is	

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

The name of a limited line Hanover 1109 Oa	ability company is ks, LLC, a Florida limited	liability company		<u>_</u> .
2. The Articles of Organiz	ation were filed on7/26/20	21 and assigne	·d	
document number <u>L2</u>	1000337791			
(effe <u>Note:</u> If the date inserted	ate the dissolution if not effective date cannot be prior to or more. I in this block does not meet the a effective date on the Department of	than 90 days later than date document is reco pplicable statutory filing requirements, t	ived for tili his date w	ng) ill not be
— 605.0707, Florida Statut	ence that resulted in the limited es, (copy 605,0707 on back co ed the business objectives for whi		suant to sc	ection
and dissolution is therefore	appropriate pursuant to the Open	ating Agreement of the Company.	167 1613	2023
As of the date of dissolution	n, there are no pending claims ago	ninst the Company, nor any known		MA.
facts or circumstances that	are reasonably likely to result in a	ı claim.	••:	
5. If there are no members activities and affairs:	, enter the name and address of Andrew J. Orosz	f the person appointed to wind up the	e compány	
	605 Commonwealth Avenu	e		
	Orlando, Florida 32803			
		·		
6. Signature of an authoriz above to wind up the comp	ed person or if there are no me any's activities and affairs:	embers, the signature of the person a	ppointed a	— and listed
(inhan)	<u> </u>	Andrew J. Orosz		
Signatu		Printed Name		

FILING FEE: \$25.00

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: Hanover 1709 Oaks, LLC	
Document number of Limited Liability Company is: L21000337791	
Date of dissolution was: April 28, 2023	
Description of information that must be included in a written claim:	
A detailed description of the claim, including the basis for the claimed liability of	the Company.
together with reasonable backup information in support of the same.	
	2023 2455
	3
	ان ٠
	Division of Corporations)
Mailing address where claims can be sent: (Claims cannot be sent to the I	Division of Corporations)
Andrew J. Orosz	
605 Commonwealth Avenue	
Orlando, Florida 32803	
A claim against the above named limited liability company will be barred claim is commenced within 4 years after the filing of this notice.	unless a proceeding to enforce the
Andrew J. Orosz	has from
Printed Name of the Person Filing S	ignature of the Person Filing