

121 000345520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

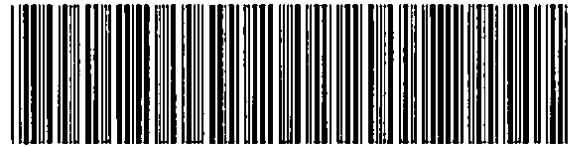
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900390132159

06/28/21--01007--001 \*\*25.00

DEPT OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 28 AM 10:09

121 000345520

SEP 21 2022

S. PRATHE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ocean Place 9H 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:

Ms. Peri Schlossberg

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

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

176 W. 86th Street, Apt. 9C

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

New York, New York 10024

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

For further information concerning this matter, please call:

Peri Schlossberg

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

917

992-8905

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**

1. The name of a limited liability company is

Ocean Place 9H LLC

2. The Articles of Organization were filed on 07/30/2021 and assigned

document number L21000345520

3. The delayed effective date the dissolution if not effective on the date of filing: 07/30/2021  
(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).

Name of LLC was incorrectly filed.

Name of LLC was incorrectly filed.

Name of LLC was incorrectly 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:

Ms. Peri Schlossberg

176 W. 86th Street, Apt. 9C

New York, NY 10024

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

Peri Schlossberg

Printed Name

**FILING FEE: \$25.00**

FILED  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 28 AM 10:09