## L210003440

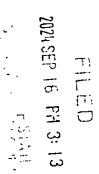
(Re	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
	J. HORNE
	J. HORNE SEP 19 2024

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## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	2808 N MITCHELL AVE LLC				
50501		Liability Company)			
	closed Articles of Dissolution and fee(s) are submitted return all correspondence concerning this matter to the	-			
	KATHLEEN R. GILMAN				
	(Name	of Person)			
	2808 N MITCHELL AVE LLC				
	(Firm/Company)				
	5506 IKE SMITH ROAD				
	(Address)				
	PLANT CITY, FL 33565				
	(City/State	and Zip Code)			
For furt	ther information concerning this matter, please call:				
	KATHLEEN R GILMAN	813 480-0257 at ( )			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed	d is a check for the following amount:				
E	\$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 REPORT A LIMITED LIABILITY COMPANY PH 2

			1 3. /3 For 13
1. The name of a limited liab 2808 N MITCHELL AVE L			A 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. The Articles of Organization	on were filed on8/1	13/2021	and assigned
document number L21000	864240		
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effe	this block does not me	et the applicable statut	tory filing requirements, this date will not be
4. A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the (copy 605.0707 on b	limited liability com ack cover letter).	pany's dissolution pursuant to section
The sole asset of the LLC has	been sold.		
		*	ppointed to wind up the company's
activities and affairs:			<del></del>
	5506 IKE SMITH I	ROAD	
	PLANT CITY, FL	33565	
6. Signature of an authorized above to wind up the compan	person or if there are y's activities and affa	e no members, the signific:	gnature of the person appointed and list
KARA		KATHLEEN I	R. GILMAN
Signature	<del>/</del>	-	Printed Name

FILING FEE: \$25.00