

L21000367126

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NEIMAN & INTERIAN, PLLC
Account Number : 120180000010
Phone : (305)530-9400
Fax Number : (305)530-9409

FILED
SEP 10 11:25:51
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**LLC DISSOLUTION OR WITHDRAWAL
REDLAND GATES, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

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K. SALY

SEP 11 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REDLAND GATES, 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:

ALBERTO INTERIAN, ESQ.

(Name of Person)

NEJMAN & INTERIAN, PLLC

(Firm/Company)

2020 PONCE DE LEON BOULEVARD, SUITE 1005B

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERTO INTERIAN, ESQ.

(Name of Person)

305

530-9400

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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**


FILED
2024 SEP 10 AM 2:51
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

REDLAND GATES, LLC
2. The Articles of Organization were filed on 08/16/2021 and assigned
document number L21000367126
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).
All of the Members unanimously consented to the dissolution of the company.

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

Dora Infante
Printed Name

FILING FEE: \$25.00

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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: REDLAND GATES, LLCDocument number of Limited Liability Company is: L21000367126

Date of dissolution was: _____

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

Detailed description of claim together with proof of claim

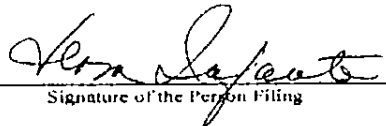
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

24420 Packinghouse RoadPrinceton, Florida 33032

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.

Dora Infante

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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