

L21000 H2S 953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

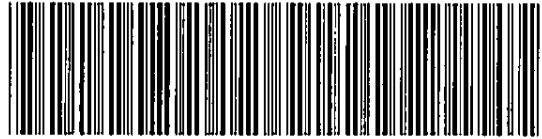
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/18/24--01029--006 **25.00

2024 JUL 18 PM 11:05
SECRETARY OF STATE
FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 722 Cypress 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:

Michael McNaney
(Name of Person)

—
(Firm/Company)

1611 Lucas Ave
(Address)

Green Cove Springs, FL 32043
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael McNaney at 904, 501 5899
(Name of Person) (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

722 Cypress LLC

2. The Articles of Organization were filed on 9/29, 2021 and assigned

document number 121000426953

mm

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).

Established to address potential property
insurance issue. Issue did not occur,
and is not expected to in the near future

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Michael McNaney
1611 Lucas Ave
Green Cove Springs FL 32043

2021 JUL 18 PM 11:00
SECRETARY

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:

Michael McNaney
Signature

Michael McNaney
Printed Name

FILING FEE: \$25.00