# 121000449262

(Requestor's Name)			
(Address)			
(**************************************			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
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### **COVER LETTER**

TO:	Registration Section Division of Corporations	ŧ		
SUBJI	15107 SW 173RD AVE, LLC			
(Name of Limited Liability Company)				
The en	closed Articles of Dissolution and fee(s) are subm	itted for filing.		
Please	return all correspondence concerning this matter t	o the following:		
	Bradley Gies			
(Name of Person)				
	Bradley Gies P.A.			
(Firm/Company)				
	1983 PGA Blvd. Ste 104b			
		(Address)		
	Palm Beach Gardens, FL 33408			
	(City/S	State and Zip Code)		
For fur	ther information concerning this matter, please ca	II:		
	Bradley Gies	240 670-4437 at ( )		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed is a check for the following amount:			
į	■ \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	Mailing Address:	Street Address:		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	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	
15107 SW 173RD AVE, LLC	<u> </u>
2. The Articles of Organization were filed on	10/14/2021 and assigned
document number 1.21000449262	
3. The delayed effective date the dissolution (effective date cannot be properties). If the date inserted in this block does no listed as the document's effective date on the	if not effective on the date of filing: 04/25/2022 ior to or more than 90 days later than date document is received for filing) to the meet the applicable statutory filing requirements, this date will not be Department of State's records.
4. A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	n the limited liability company's dissolution pursuant to section on back cover letter).
All members/managers voted to dissolve	5:05
All members/managers voted to dissolve	
All members/managers voted to dissolve	; ,
If there are no members, enter the name an activities and affairs:	and address of the person appointed to wind up the company's
6. Signature of an authorized person or if the above to wind up the company's activities and	re are no members, the signature of the person appointed and listed d affairs:
The The	
	Bradley Gies
Signature	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: 15107 SW 173RD AVE, LLC	
Document number of Limited Liability Company is:	
Date of dissolution was: 04/25/2022	
Description of information that must be included in a written claim:	
The name of the claimant, address of the claimant, phone number of the claimant,	
claim amount, and the detailed circumstances leading to the claim.	
	202
,	;
	•
	ş : :
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	60 :11
4188 WESTROADS DR	w.
SUITE 112	
WEST PALM BEACH, FL 33407	
<del></del>	
A claim against the above named limited liability company will be barred unless a proceeding to enfoliam is commenced within 4 years after the filing of this notice.	orce the
Bradley Gies MM	
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