

L21000459912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

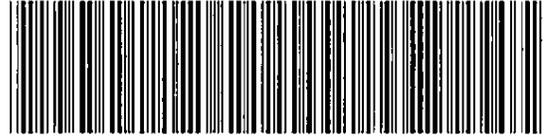
(Business Entity Name)

(Document Number)

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2024 FEB -7 AM 11:05

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

2024 FEB -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DISSOLUTION _____

1. **LEON FAMILY INVESTMENTS LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leon Family Investments 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:

Andrew J. Wilber, Esq.

(Name of Person)

Kohrman Jackson & Krantz LLP

(Firm/Company)

1375 E 9th St, 29th Floor

(Address)

Cleveland, OH 44114

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew J. Wilber

(Name of Person)

216

736-7298

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

FILED

2024 FEB -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Leon Family Investments LLC

2. The Articles of Organization were filed on 10/22/2021 and assigned
document number L21000459912

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).
The consent of all the members of the company to dissolve 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

Ronald J. Leonhardt, Jr.
Printed Name

FILING FEE: \$25.00