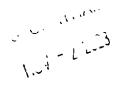
La1000492477

	(Requestor's Name)
	(madastar s mans)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	→
	(Business Entity Name)
	(200moso 2mm) name,
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Dissolution
	bissolution

Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/1/23

NAME: C4 SEMINOLE HEIGHTS OWNER, LLC

TYPE OF FILING: DISSOLUTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were tiled on	will not be
 The Articles of Organization were filed on	will not be
 The delayed effective date the dissolution if not effective on the date of filing: 11/30/202 (effective date cannot be prior to or more than 90 days later than date document is received for Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date listed as the document's effective date on the Department of State's records. A description of occurrence that resulted in the limited liability company's dissolution pursuant to 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). 	will not be
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date 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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). 	will not be
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Company has had no members and has conducted no business.	section
has conducted no business	
has conducted no business	
	
5. If there are no members, enter the name and address of the person appointed to wind up the compa	
activities and affairs: Brandon Hueber	
111 East Fairbanks Ave	P:/ 3
Winterparle FL 32789.	9: 3
5. Signature of an authorized person or if there are no members, the signature of the person appointed above to wind up the company's activities and affairs:	I and listed
Timothy B. Sittem a Signature Printed Name	

FILING FEE: \$25.00