

h21 0000497178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

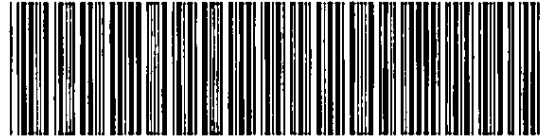
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900395481459

10/06/22--01010--005 **25.00

STATIONER ASSOCIATES, INC.

2022 OCT -6 PM 4:04

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAMS' WINGS COTTAGE, 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:

SERITA D.GAY

(Name of Person)

DREAMS' WINGS COTTAGE, LLC

(Firm/Company)

P O BOX 123

(Address)

APALACHICOLA, FL 32320

(City/State and Zip Code)

For further information concerning this matter, please call:

SERITA D GAY

850

653-5196

at (

(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

FILED

2022 OCT -6 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
DREAMS' WINGS COTTAGE, LLC

2. The Articles of Organization were filed on 11/18/2021 and assigned
document number L21000497178

3. The delayed effective date the dissolution if not effective on the date of filing: 09/30/2022
(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.

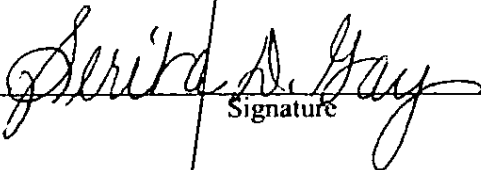
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
CLOSED BUSINESS.

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

P O BOX 123

APALACHICOLA, FL 32320

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

SERITA D GAY

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: DREAMS' WINGS COTTAGE, LLC

Document number of Limited Liability Company is: L21000497178

Date of dissolution was: 09/30/2022

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

CLAIMANT, DATE OF CLAIM, INFORMATION REGARDING CLAIM INCLUDING DETAILS OF
CLAIM TO INCLUDE DATES, WITNESSES, ETC.

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

SERITA D GAY

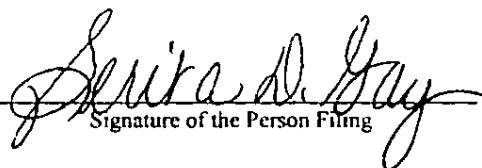
P O BOX 123

APALACHICOLA, FL 32320

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.

SERITA D. GAY

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

FILED
2022 OCT - 6 PM 4: 04
TALLAHASSEE, FL