

L21000518301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

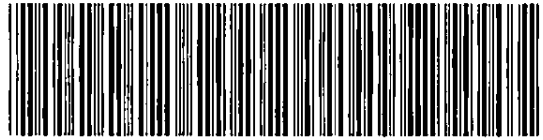
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/24 -01030-022 **25.00

FILED
2024 MAY 21 PM 3:58
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Own Place Brevard, 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:

Anthony Dalessandro
(Name of Person)

My Own Place Brevard, LLC
(Firm/Company)

19 Edgewood Dr.
(Address)

Melbourne, FL. 32901
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Dalessandro at (321) 403-9291
(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

2024 MAY 21 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

My Own Place Brevard, LLC

2. The Articles of Organization were filed on Dec 08, 2021 and assigned

document number L21000518301

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.

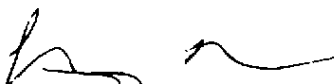
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Never did anything with the business name.
Got divorced, as well. Mary Paxton Dalessandro doesn't
want to keep the business name

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

19 Edgewood Dr. Melbourne, FL 32901

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

Anthony Dalessandro
Printed Name