

L22000024610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

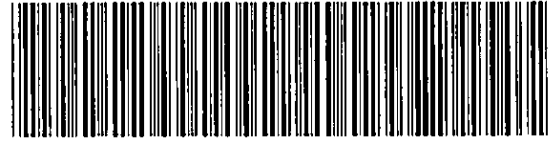
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800384201648

2022 MAR 30 AM 11:09

RECEIVED

2022 MAR 30 AM 11:09

ALLAHASSEE, FLOR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2022

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: AVENUE CODE LLC.
Ref. Number: L22000024610

We have received your document for AVENUE CODE LLC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the description of occurrence that resulted in the limited liability company's dissolution pursuant to F.S. 605.0707.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 722A00007518

2022 APR -5 AM 10:22

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Avenue Code LLC.

2. The Articles of Organization were filed on 01/06/2022 and assigned

document number L22000024610

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).

This was suppose to be completed as a conversion .

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



Amazis Solomon

Printed Name

FILING FEE: \$25.00

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/30/2022

Acc#I20160000072

en: c DW

Name:	Avenue Code LLC
Document #:	
Order #:	14080829

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 Filing Cancellation 1st - Conversion 2nd	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!