| \$ | |
|--|--------------------------|
| L22000 | 092263 |
| (Address) | 300412003683 |
| (City/State/Zip/Phone #) | 07/14/2301017008 **25.00 |
| (Business Entity Name) (Document Number) | |
| Certified Copies Certificates of Status | 3 F (2023 |
| Special Instructions to Filing Officer: J. DENINIG AUG 1.7, 2023 | SECRETARY OF STATE |
| Office Use Only | |

COVER LETTER

TO: **Registration Section Division of Corporations**

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SUBJECT: _

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MILLSHore \mathcal{V}

(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:

| Kevin Anuls |
|---------------------------|
| (Name of Person) |
| MILL SHORE 720, LLC |
| (Firm/Company) |
| 71 South Central Arlane |
| (Address) |
| Uviedo K 72765 |
| (City/State and Zin Code) |

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenis (Name of Person)

at (<u>407</u>) <u>3830327</u> (Area Code & Daytime Telephone Number)

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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

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| The name of a limited M | 1 liability company is 1 U. Shore Frojllc | <u> </u> |
|---|---|-------------------|
| 2. The Articles of Organ | $\frac{115hove}{210/22}$ and assigned | |
| document number | 122000092063 | |
| Note: If the date inser | t date the dissolution if not effective on the date of filing: $\frac{6/15/2.23}{15/2.23}$ effective date cannot be prior to or more than 90 days later than date document is received for filted in this block does not meet the applicable statutory filing requirements, this date vis effective date on the Department of State's records. | ding) xiil not |
| 4. A description of occu 605.0707, Florida Stat (f | rrence that resulted in the limited liability company's dissolution pursuant to stutes. (copy 605.0707 on back cover letter). | section |
| | | |
| | | |
| | | |
| If there are no member activities and affairs: | ers, enter the name and address of the person appointed to wind up the company $N/14$ | ny`s |
| | | |
| | | |
| | | |
| Signature of an authorative to wind µp the contact. | prized person or if there are no members, the signature of the person appointed mpany's activities and affairs: | t and li |
| Que V 2 | Ken M. DANS | |
| Signa | tture Printed Name FILING FEE: \$25.00 | 2023 JUL 11 |
| | | Ĭ |

SECRETARY OF STATE

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