

Florida Department of State
Division of Corporations
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LA000172437

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RABIDEAU KLEIN
Account Number : I2020000035
Phone : (561)655-6221
Fax Number : (561)655-3221

**LLC DISSOLUTION OR WITHDRAWAL
DELRAY RENTAL PARTNERS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

RECEIVED

2024 MAY 24 PM 3:33

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MAY 24 2024

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELRAY RENTAL PARTNERS, 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:

DAVID E. KLEIN

(Name of Person)

RABIDEAU KLEIN

(Firm/Company)

440 ROYAL PALM WAY, SUITE 101

(Address)

PALM BEACH, FL 33480

(City/State and Zip Code)

For further information concerning this matter, please call:

GARRETT ELLIS

(Name of Person)

561

655-6221

at ()

(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

1. The name of a limited liability company is
DELRAY RENTAL PARTNERS, LLC

2. The Articles of Organization were filed on 03/25/2022 and assigned
document number L22000123437

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).
NO LONGER CONDUCTING 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: SHARON PAUL

455 NE 5TH AVENUE, SUITE D-390

DELRAY BEACH, FL 33483

2024 MAY 24 PM 4:19
SECRETARY OF STATE

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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:

[Handwritten Signature]
Signature

DAVID E. KLEIN
Printed Name

FILING FEE: \$25.00