

2/22/23, 2:50 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.  
Account Number : I20200000174  
Phone : (239)262-5303  
Fax Number : (239)262-6030

**LLC DISSOLUTION OR WITHDRAWAL**  
**14WATERFORD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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FEB 23 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 14waterford, 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:

Conrad Willkomm

(Name of Person)

Law Office of Conrad Willkomm, P.A.

(Firm/Company)

3201 Tamiami Trail N, 2nd Floor

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Conrad Willkomm, Esq.

(Name of Person)

239

at (

262-5303

(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  
14waterford, LLC
2. The Articles of Organization were filed on 4/28/2022 and assigned  
document number L22000175849
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 commenced operations for business. Voluntarily closed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

Julia Khade  
Julia Khade (Feb 21, 2023 02:30 PST)

Signature

Julia S. Khade

Printed Name

FILING FEE: \$25.00

2023 FEB 22 PM 2:06

FILED