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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010

Fax Number : (407)425-2747

LLC DISSOLUTION OR WITHDRAWAL STONE STREET BUCKHEAD GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

CORPORATE@ZKSLAWFIRM.COM

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K. SALY FEB 2 6 2024

COVER LETTER

COVER	LCITER			
TO: Registration Section Division of Corporations	·			
SUBJECT: Stone Street Buckhead Group, LLC				
(Name of Limited)	Liability Company)			
The enclosed Articles of Dissolution and fec(s) are submitted Please return all correspondence concerning this matter to the				
N. Dwayne Gray, Esq.				
(Name of Person)				
Zimmerman, Kiser & Sutcliffe, P.C.				
	ompany)			
315 E. Robinson Street, Suite 600				
(Add	fress)			
Orlando, FL 32801				
(City/State a	nd Zip Code)			
For further information concerning this matter, please call:				
Eileen Soto, Legal Assistant	at (407) 425-7010			
(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	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
·	Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liabi	lity company is	TALLAHASSEE FL
Stone Street Buckhead (Group, LLC	··································
2. The Articles of Organization	on were filed on May 10, 2022	and assigned
document numberL2200	00191986	
(effective Note: If the date inserted in	the dissolution if not effective on e date cannot be prior to or more than 90 this block does not meet the applicab ctive date on the Department of State	days later than date document is received for filing) ble statutory filing requirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited liabil (copy 605.0707 on back cover let	lity company's dissolution pursuant to section tter).
Cessation of business	operations	·
5. If there are no members, en	ater the name and address of the p	erson appointed to wind up the company's
activities and affairs:	Rostislav Novakovsky	,
	14407 SW 2nd Place, Suite	: F-1
	Newberry, FL 32669	
6. Signature of an authorized above to wind up the company	person or if there are no members 's activities and affairs:	s, the signature of the person appointed and listed
DocuSigned by:		
ostislau Novakovsky	Rosti	slav Novakovsky
Signature		Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Sto	one Street Buckhead Group, LLC	
Document number of Limited Liability Co.	mpany is: L22000191986	-
Date of dissolution was:		2
Description of information that must be inc	mpany is: L22000191986 Sluded in a written claim:	ب <i>ې</i> ک
Detailed description of claim and include	ير de amount of claim, date of claim and name and address of clai	
Mailing address where claims can be sent:	(Claims cannot be sent to the Division of Corporations)	
Rostislav Novakovsky		
14407 SW 2nd Place, Suite F-1		
Newberry, FL 32669		
A claim against the above named limited lie claim is commenced within 4 years after the	ability company will be barred unless a proceeding to enforce the c filing of this notice.	
	/ DoouSigned by:	
Rostislav Novakovsky	Rostislaw Novakousky Signature of the Person Filing	
Printed Name of the Person Filing	Signature of the Person Filing	