

L22000 241 495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

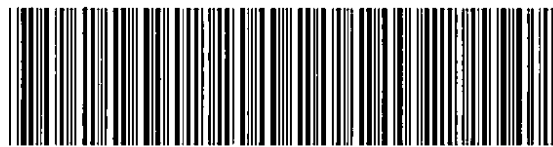
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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12/27/24--01025--003 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations

SUBJECT: 3719 E. Ellicott, LLC

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

V. Ross Spano, Esq.
ROSS SPANO LAW, P.A.
10101 Bloomingdale Ave Ste 203
Riverview, FL 33578

For further information concerning this matter, please call:

V. Ross Spano, Esq. at (813) 244-7758

Enclosed is a check for the following amount: \$25.00 Filing Fee

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 800
Tallahassee, FL 32303

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TALLAHASSEE, FL
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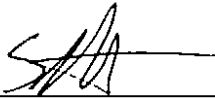
**ARTICLES OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is: 3616 E Ellicott LLC
2. The date dissolution was approved: December 18, 2024.
3. The effective date of these Article of Dissolution will be December 31, 2024.
4. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0701, Florida Statutes: all the members have unanimously agreed in writing to dissolve the company.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Typed or Printed Name



Stephen Christopher Scott, aka Steve Scott



Kenneth Joseph Dojka II, aka Ken Dojka

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TALLAHASSEE, FL

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

Name of Limited Liability Company: 3616 E Ellicott LLC

Document number of Limited Liability Company: L22000241495

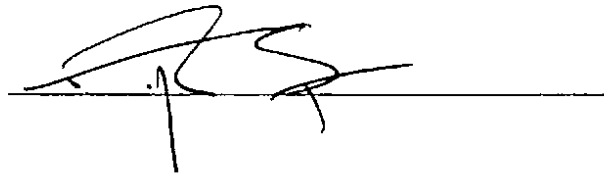
Date of dissolution was: December 31, 2024

Description of information that must be included in a written claim: (1) amount of the claim, (2) name of the claimant, (3) written explanation/basis of claim, including documentation supporting the claim, and (4) contact name and information for the individual authorized to communicate on behalf of the claimant.

Mailing address where claims can be sent: 1369 Oakfield Drive, Brandon, Florida 33511

A claim against the limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Signature



Printed Name of the Person Filing

V. Ross Spano, Esq.

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