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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
SUBJECT: 13821 Stigler Avenue LLC (Name of Limited Liability Company)		
(Name of Limited	a Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Paige W. Quinlan		
(Name of Person)		
(Firm/Company)		
14568 Wal cott Ave.		
Orlando, FL 32827 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Paige W. Quinlan (Name of Person)	at (407) 496 · O696  (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	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED A LIMITED LIABILITY COMPANY 1. The name of a limited liability company is Stigler Avenue LLC 2. The Articles of Organization were filed on <u>June 24</u>, 2022 and assigned document number L22002868723. 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). Claseo husiness 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 568 Walcott Ave,

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:

Orlando, FL 32827

Paige W. Quinlan Signature

Paige W. Quintan

FILING FEE: \$25.00