L2200307664

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

Office Use Only



900396615919

70221137 -4 7 9: 26

2022 NOY -4 PH 4:47

J 11/7/2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: // Williams (Name of Limited)	Cicp Real FState LLC Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	e following:
_	let, 559 of Person)
Sehr	des. 165al, 116
,	
P.C.	Box 151283
(A	ddress)
Tal (City/State	and Zip Code)
For further information concerning this matter, please call:	
Cort Bender (Name of Person)	at (407) 467570 75 (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

2021 11-4 11 9: 26

1.	The name of a limited liability company is The Williams Group Real Estate, U.C.		
2.	The Articles of Organization were filed on		
	document number <u>622 cm 307664</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing: 11-4-72 (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).		
5	If there are no members, enter the name and address of the person appointed to wind up the company's		
<i>.</i>	activities and affairs:		
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
/ m	ele Sordan by Cur Render, Eq.		

FILING FEE: \$25.00