Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000119623 3)))



H240001196233ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20150000017 Phone : (855)498-5500 Fax Number : (800)432-3622

## LLC DISSOLUTION OR WITHDRAWAL PARTNERS OF 523 LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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Tallahassec, FL 32314

<b>¥</b>	7		
	COVE	R LETTER	H24000119623
	gistration Section vision of Corporations		
SUBJECT:	Partners of 523 LLC		
SUBJECT		ted Liability Company)	<del></del>
The enclose	ed Articles of Dissolution and fec(s) are submi	tted for filing.	
Please retur	n all correspondence concerning this matter to	the following:	
	John Lago		
	(Na	me of Person)	
	Partners of 523 LLC		
	(Fit	m/Company)	<del></del>
	822 NE 125th St, Suite 100		
		(Address)	
	North Miami, FL 33161		
	(City/St	ate and Zip Code)	
For further	information concerning this matter, please call	l:	
Jo	hn Lago	786 316-3772 at ( )	
	(Name of Person)	(Area Code & Daytime Telep	hone Number)
Enclosed is a	check for the following amount:		
<b>□ \$</b> 2	5.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of D Certified Copy (additional copy	
	ailing Address:	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H24000119623

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
	Partners of 523 LLC			
2.	The Articles of Organization were filed on and assigned			
	document number L22000360132			
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).			
	Business never started			
	Business never started			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's 🛌			
	activities and affairs:			
	activities and affairs:			
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed ario-listed ove to wind up the company's activities and affairs:			
	John Lago  John Lago  Printed Name			
	Signature Printed Name			

FILING FEE: \$25.00