

L2200360/32

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL
PARTNERS OF 523 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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T. LEMIEUX

APR 02 2024

COVER LETTER

H24000119623

TO: Registration Section
Division of Corporations

SUBJECT: Partners of 523 LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

John Lago

(Name of Person)

Partners of 523 LLC

(Firm/Company)

822 NE 125th St, Suite 100

(Address)

North Miami, FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

John Lago

786

316-3772

at (

(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
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

H24000119623

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

- 2024 APR -1 AM 6:15

Signature _____

Printed Name _____

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