122000 399585

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(Address)					
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(City/State/Zip/Phone #)					
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LLC dissolution

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COVER LETTER

TO: Registration Section Division of Corporations							
Lakeside Villa LLC							
	(Name of Limited Liability Company)						
The enclosed Articles of Dissolution and fec(s) are submi-	ued for filing.						
Please return all correspondence concerning this matter to							
Kevin A. Denti, Esquire							
(Na	(Name of Person)						
Kevin A. Denti, P.A.	Kevin A. Denti, P.A.						
(Fir	rm/Company)						
2180 immokalee Road - Suite #316	2180 Immokalee Road - Suite #316						
	(Address)						
Naples, Florida 34110	Naples, Florida 34110						
(City/St	tale and Zip Code)						
For further information concerning this matter, please cal	1:						
Kevin A. Denti	239 260-8111						
(Name of Person)	at (
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:	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						
Tallahassee, FL 32314							

FILED 2022 SEP 28 AM 10: 13

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	A LIMITED LIABILET	COMPANI	1,00
The name of a limited liabil Lakeside Villa LLC	lity company is	<u></u>	in this end of the
2. The Articles of Organization	on were filed on September 15, 2	022a	nd assigned
document number 1.220003	99585		
effective) Note: If the date inserted in	the dissolution if not effective e date cannot be prior to or more than this block does not meet the applicative date on the Department of S	90 days later than date doct cable statutory filing requ	ment is received for filing) airements, this date will not be
4. A description of occurrenc 605.0707, Florida Statutes.	e that resulted in the limited lia (copy 605.0707 on back cover	bility company's disso letter).	lution pursuant to section
Entity no longer needed.			
5. If there are no members, e	nter the name and address of th		wind up the company's
activities and affairs:	ROUGHTEN		
	5525 University Way Ne		
	Scattle, Washington 98105		
6. Signature of an authorized above to wind up the compar	nerson or if there are no mem	bers, the signature of the	
1/1/ // 11	t	Kenin A	Denti'
Signature		Printed N	Name

FILING FEE: \$25.00