

L22000421486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

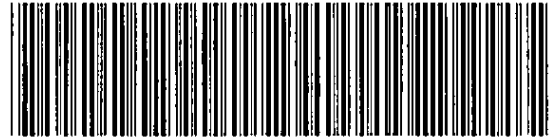
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200414471682

08/29/23--01024--016 **25.00

2023 AUG 29 PM 12:40
DIVISION OF CORPORATE AFFAIRS

RECEIVED
2023/08/29
L22152/86

COVER LETTER

TO: Registration Section
Division of Corporations

AVENUE BROOKS LLC

SUBJECT: _____
(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:

SAVANNAH FIGLER

(Name of Person)

(Firm/Company)

7549 BRIGHTWATER PLACE

(Address)

OVIEDO, FLORIDA 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

SAVANNAH FIGLER

407

754-8210

(Name of Person)

at (_____)

(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

2023 AUG 29 PM 12:40

DEPT. OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
AVENUE BROOKS LLC

2. The Articles of Organization were filed on 09/28/2022 and assigned
document number 1.22000421486

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 was never started ... I decided not to have/run my own business. Thank you.

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: SAVANNAH FIGLER

7549 BRIGHTWATER PLACE

OVIEDO, FLORIDA 32765

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:

Savannah Figler
Signature

SAVANNAH FIGLER

Printed Name

FILING FEE: \$25.00

2023 AUG 29 PM 4:40
DIVISION OF CORPORATE
STATE OF FLORIDA