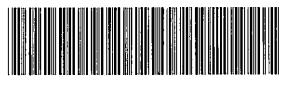
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(Requestor's N	ame)
(Address)	
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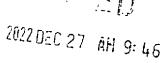
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		•	WALK IN	
		PICK UP:	MISTY 12/27	
	CERTIFIED C	ОРҮ		
XX	РНОТОСОРУ			
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XX	FILING	DIS	ISSOLUTION	
	CORPORATE NAME AS			
_	(CORPORATE NAME AN	ND DOCUMENT #)		_
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COVER LETTER

TO:		tration Se ion of Cor					
SUBJE		Dalton Au:	tin Residences LLC				
• • • • • • • • • • • • • • • • • • • •	_		(Name of Limited Liability Company)				
The enc	los e d <i>i</i>	Articles of	Dissolution and fee(s) are submitted	for filing.			
Please re	eturn a	ll correspo	ondence concerning this matter to the	following:			
		Kevin /	Denti, Esquire				
	(Name of Person)						
	Kevin A. Denti, P.A.						
(Firm/Company)							
	2180 Immokalee Road - Suite #316						
(Address)							
	Naples, Florida 34110						
	(City/State and Zip Code)						
For furth	her info	ormation o	oncerning this matter, please call:				
	Kevir	a A. Denti		239 at (260-8111		
		• • •	(Name of Person)	(Area Code	& Daytime Telephone Number)		
Enclosed	is a ch	eck for the	following amount:				
=	\$25.00) Filing Fed	and Certificate of Dissolution	_	e, Certificate of Dissolution & (additional copy is enclosed)		
Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3		stration sion of C Box 632	Section orporations 7	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



١.	The name of a limited liability company is				
	Dalton Austin Residen	ces LLC			<u> </u>
2.	The Articles of Organ	 nization were filed 	i on December 7, 2022	and assigned	
	document number L2	22000511176			
3.	Note: If the date inser	éffective date cannot b rted in this block do	on if not effective on the dat e prior to or more than 90 days late es not meet the applicable statu the Department of State's recor	er than date document is received for tory filing requirements, this da	or filing) te will not be
4.	A description of occu 605.0707, Florida Sta	 prence that resulte lutes, (copy 605.0	ed in the limited liability com 707 on back cover letter).	npany's dissolution pursuant	to section
	Entity no longer needed	1.			
		<u> </u>			
					· -
5.	If there are no membactivities and affairs:	Varin A [e and address of the person a Denti, Esquire	ppointed to wind up the com	pany's
		2180 Imm	okalee Road - Suite #316		
		Naples, Fl	orida 34110		
6. ab	Signature of an autho	rized person or if	there are no members, the sig	gnature of the person appoint	ed and listed
	,	. ,			
	1/16/	At-	Kevin A, Dent		
	Signa	ture		Printed Name	

FILING FEE: \$25.00