

L 22000511987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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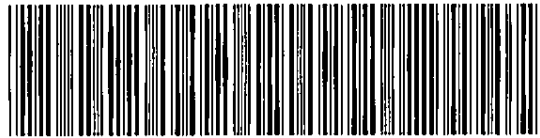
(Business Entity Name)

(Document Number)

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**WALK IN**

**PICK UP:** MISTY 12/27

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**DISSOLUTION**

**1. BEACON AUSTIN RESIDENCES LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beacon Austin Residences L.L.C.  
\_\_\_\_\_  
(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:

Kevin A. 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 further information concerning this matter, please call:

Kevin A. Denti

\_\_\_\_\_  
(Name of Person)

at (239) 260-8111  
\_\_\_\_\_  
(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

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

1. The name of a limited liability company is

Beacon Austin Residences LLC

2. The Articles of Organization were filed on December 7, 2022 and assigned

document number 1.22000511987

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).

Entity no longer needed.

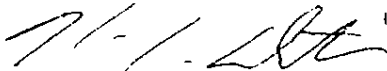
5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs: Kevin A. Denti, Esquire

2180 Immokalee Road - Suite #316

Naples, Florida 34110

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:



Signature

Kevin A. Denti, Esquire

Printed Name

**FILING FEE: \$25.00**

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SECTION 605.0707  
TALLAHASSEE, FLORIDA

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