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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PAVESE LAW FIRM
Account Number : I20130000057
Phone : (239)334-2195
Fax Number : (239)332-2243

LLC DISSOLUTION OR WITHDRAWAL HOMETOWN DEVELOPER, LLC

Certificate of Status	0
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T. LEMIEUX
JAN 30 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMETOWN DEVELOPER, 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:

MICHAEL P. LEHNERT

(Name of Person)

PAVESE LAW FIRM

(Firm/Company)

1833 HENDRY STREET

(Address)

FORT MYERS, FLORIDA 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL P. LEHNERT

(Name of Person)

239 334-6280

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

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

1. The name of a limited liability company is
HOMETOWN DEVELOPER, LLC

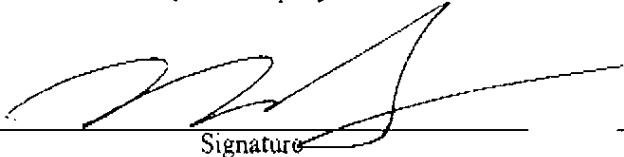
2. The Articles of Organization were filed on 05/01/2023 and assigned
document number L23000215315

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).
PURPOSE OF THE LLC IS COMPLETE

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
MICHAEL P. LEHNERT
1833 HENDRY STREET
FORT MYERS, FLORIDA 33901

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

Michael Lehnert
Printed Name

FILING FEE: \$25.00

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