

L240000 40498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

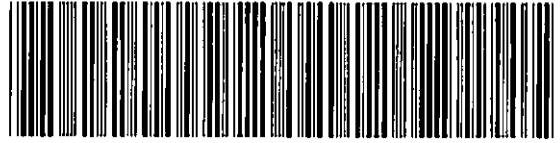
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ATTORNEY

MAY 11 2014

Office Use Only



300427732643

04/24/24--01011--013 **25.00

FILED
2024 APR 24 AM 11:28
CLERK OF COURT
JANUARY 1, 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holiday Sands 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:

Danny Patel

(Name of Person)

Holiday Sands LLC

(Firm/Company)

4382 Ansley Drive

(Address)

Niceville FL 32578

(City/State and Zip Code)

For further information concerning this matter, please call:

Danny Patel

251

404-5129

at (

(Name of Person)

_____) _____
(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

Holiday Sands LLC

2. The Articles of Organization were filed on 01/22/2024 and assigned

document number L24000040498

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).

Did not end up purchasing the business that this LLC was intended for

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

Danny Patel

1680 Ella Lane

Niceville FL 32578

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

Danny Patel

Printed Name

FILING FEE: \$25.00

FILED
2024 APR 24 AM 11:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Holiday Sands LLC

Document number of Limited Liability Company is: L24000040498

Date of dissolution was: 4/21/2024

Description of information that must be included in a written claim:

Did not end up purchasing the business this LLC was intended for

FILED
2024 APR 21 AM 11:28
SECRETARY OF STATE

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1680 Ella Lane

Niceville FL 32578

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Danny Patel

Printed Name of the Person Filing

Signature of the Person Filing