

L24000088758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

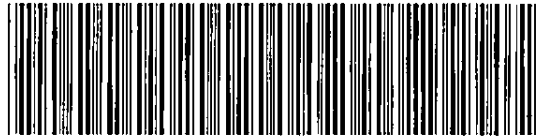
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LLC dissolution

FILED  
2024 APR 25 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
2024 APR 25 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 26 2024

**CT CORP**  
**(850) 656-4724**  
**3458 Lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 04/25/2024

Acc#I20160000072

*en: c DW*

Name:	Bahama Sunset Flat 1, LLC
Document #:	
Order #:	15512990

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

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

**FILED**

**2024 APR 25 PM 12 57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is

Bahama Sunset Flat 1, LLC

2. The Articles of Organization were filed on February 21, 2024 and assigned

document number L24000088758

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)

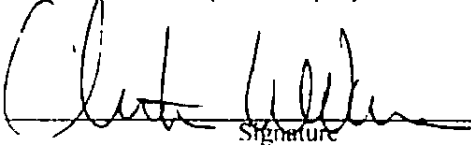
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Written Consent of all of the Members of the limited liability company.

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

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

Christopher W. Ware  
Printed Name

**FILING FEE: \$25.00**