## 124000094088

(Re	equestor's Name)	_
(Ac	ddress)	_
(Ac	ddress)	_
(Ci	ity/State/Zip/Phone #)	-
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	_
	·	
(Do	ocument Number)	
Certified Copies	Certificates of Status	<b></b>
Special Instructions to	Filing Officer:	7
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Office Use Only



04/26/24 -01002--804 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
R Leone Homes LLC SUBJECT:	
(Name of Limited	Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to th	e following:
Jess/ca	of Person)
R Leone	Homes LCC
411 N New 1	olver Dr E 3006
Ft. Lorder	dele Fl 33301  and Zip Code)
For further information concerning this matter, please call:	
Steven Friedmen  Ath for R Counce Ho	at ( 954) 385 7287 (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:	Street Address:
Registration Section	Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
1.0.00.00.	

Tallahassee, FL 32314

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  R LEONE HOMES LLC.
2.	The Articles of Organization were filed on O//11/2024 and assigned
	document number <u>624000094088</u>
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).
	Consent of all members consisting of Jessiea Coba and Robert Leone
	2024 AI SELLA PALLA
5	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
	5.06
6	. Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
ū	Jula Jessica Cola
	Signature Printed Name

FILING FEE: \$25.00