

L24000121448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

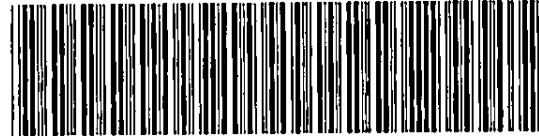
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000427619400

FILED
MAY 17 2024
FBI - TAMPA

2024 MAY 17 PM 3:08
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

R. HUNT
05/17/24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/17/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1257516

ORDER ENTITY
10 TRAE LANE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

10 TRAE LANE, LLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM", written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10 Trae Lane, 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:

Marsha King
(Name of Person)

(Firm/Company)

11 Stone Bluff Ct
(Address)

Orchard Park, NY 14127
(City/State and Zip Code)

For further information concerning this matter, please call:

Marsha King at 703, 795-1624
(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

10 Trac Lane, LLC

2. The Articles of Organization were filed on March 18, 2024 and assigned

document number L24000121448

3. The delayed effective date the dissolution is not effective on the date of filing: May 17, 2024
(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).

A dissolution will occur if the inteded property
has not been closed, according to the
operating agreement.

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

No other members were appointed.
The correct person is:
Marsha King at 11 Stone Bluff Ct.
Orchard Park, NY 14127

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:

Marsha King
Signature

Marsha King
Printed Name

FILING FEE: \$25.00

7 PM 5:06