

L24000149019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

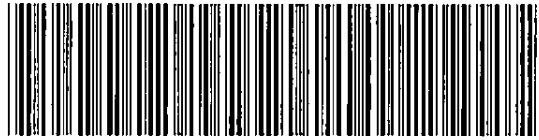
(Document Number)

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

Special Instructions to Filing Officer:

Dissolution

Office Use Only



900439775469

11/19/24--01006--008 \*\*55.00

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*ML*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: My OWN PROPERTIES FL, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen Sierra  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

10 LYNNHurst Dr.  
(Address)

Ormond Beach, FL 32176  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen Sierra at (347) 322-9812  
(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

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

1. The name of a limited liability company is

MY OWN PROPERTIES FL.LLC

2. The Articles of Organization were filed on NOV 19 and assigned

document number N/A

3. The delayed effective date the dissolution if not effective on the date of filing: 12-1-24  
(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).

Error, Wanted to register Original  
Company in Florida, Not change the  
name.

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

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:

Carmen Sierra  
Signature

Carmen Sierra  
Printed Name

**FILING FEE: \$25.00**

## New Business Filing

We have received your request for changes to

MY OWN PROPERTIES LLC

Mar 23, 2024 at 1:28:17 PM

medproc1@aol.com

Hello,

We have received the Amendment application for MY OWN PROPERTIES LLC. Below is the information you provided, please check this thoroughly to ensure accuracy as there are added fees for corrections once an order is processed. If you do find an error, please reply to this email or call customer support at 888-701-6450 as soon as possible.

Once the processed order has been approved, we will email your confirmation documents to [medproc1@aol.com](mailto:medproc1@aol.com)

### New York Amendment or Dissolution

Currently Registered Business Name	MY OWN PROPERTIES LLC
State in which the business is registered	New York
Filing ID or Registry Number	<u>202106040</u>
Currently registered address	42 Carlyle Green
City	Staten Island
State	Florida
Zip	10312
Business Type	LLC
Information to be changed (Select all that apply)	Business Address Information
Contact First	Carmen
Contact Last	Sierra
Email	medproc1@aol.com
Phone	347-322-9812
Address	10 Lynnhurst Drive Suite 111
City	Staten Island
State	Florida
Zip Code	32176
New Physical Address (No PO Box)	10 Lynnhurst Drive Suite 111
City	Ormond Beach

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State Florida  
Zip Code 32176  
Is there a separate mailing address? No

I hereby authorize the payment above  
I have read and agree to the Terms of Service  
The information I have provided is true and accurate to the best of my knowledge  
I am an authorized person to submit this filing and payment

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Signature

Cassan  
Serra