

L95000000980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

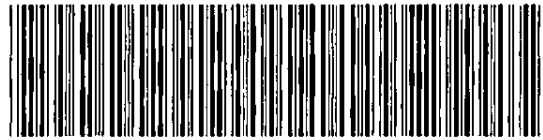
(Business Entity Name)

(Document Number)

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09/05/23--01030--005 ♦♦25.00

2023 SEP -5 PM 12:40
DIVISION OF CORPORATIONS

R. HUNT
09/05/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uncles PPlace 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:

Joseph R Lepree
(Name of Person)
Uncles Place LLC
(Firm/Company)
~~11188 Monrovia Avenue~~
Isismorada
Isismorada Florida 33036
(City/State and Zip Code)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Joseph R Lepree at 305 353 1314
(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

Uncles Place LLC

2. The Articles of Organization were filed on 12 20 1995 and assigned

document number L95000000980

3. The ~~delayed effective date~~ dissolution is not effective on the date of filing: 8 30 2023
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

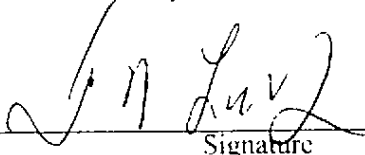
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).
closed business.

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

activities and affairs: Joseph R Lepree

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

Joseph R Lepree

Printed Name

FILING FEE: \$25.00

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