195000000980

(Requestor's Name)
(Address)
(Address)
(
(0), (0), (7), (0),, (6)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of States
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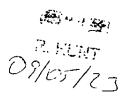
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09/05/23--01030--005 **25.00

2023 SEP -5 PK 12: 40



COVER LETTER

	egistration Section Division of Corporations		•
SUBJECT	Uncles PLace LLC		
30DULE		ted Liability Company)	
	sed Articles of Dissolution and fee(s) are submi	·	
	Joseph R Lepree		
	(Na	me of Person)	
	Uncles Place LLC		
	(Fin	n/Company)	26
	IIII Allaimanni de Wamane:		2023 SEP
		jėšilli isezij i	£9 -5
	Islsmorada Florida 33036		
	(City/St	ate and Zip Code)	01:21 HJ
For furthe	r information concerning this matter, please call	l:	0.1
j	oseph R Lepree	305 35°3 1314	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is	a check for the following amount:		
□ s	25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Cortificate of Dissolution & Certified Copy (ad ditional copy is enclosed)	
Œ	Midling: Additions: Reginismation: Section Divinion off Congressitions	Strant Millians: Regentization Secto : 110 Divinion Micoppo entions	
Ĩ	O. Box 6327	The Centre of Tal lahassee	
Ī	allahassee, FL 32314	2413 N. Monroe Etreet, Suite 810 Tallahassee, FL 3:2303	

ARTICLES OF DISSOLUTION FOR A LHMITED LIABILITY COMPANY

 The name of a limited liabilit Uncles Place LLC 	y co:mpany is	
2. The Articles of Organization	were: filed on 12 20 1995	and assigned
document number L95000000	980	
Note: If the date inserted in the	re dissolution if not effective on the date of a not be prior to or more than 90 dates block does not meet the applicable ive date on the Department of State's	e statutory filing requirements, this date will not be
4. A description of occurrence (605.0707, Florida Statutes, (colosert-business.	hat reesulted in the limited liability opy (505,0707 on back cover lette	y company's dissolution pursuant to section er).
(ACCOUNTED		
		1023 SEP - 5
5. If there are no members, ent activities and affairs:	er the name and address of the per Joseph R Lepree	rson appointed to wind up the company s
		į
 Signature of an authorized p above to wind up the company 	erson or if there are no members, s activaties and affairs:	, the signature of the person appointed and list
11 Luv)	Joseph R	R Lepree

FILING FEE: \$25.00



Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named bel own for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0 7 12, F.S.

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Name of Limited Liability Company:	Unities Place ELC
Document number of Limited Liabili	Uncles Place LLC L95000000980 Ly Company is:
TO THE TENESTIES OF THE PERSON	Constituting to.
Date of dissolution was:	
Description of information that must	be included in a written claim:
	2029 SEP
	S
	PH 12: 40
	0
	sent: (Claims cannot be sent to the Divission of Corporations)
	sent: (Claims cannot be sent to the Divission of Corporations)
	sent: (Claims cannot be sent to the Divission of Corporations)
	sent: (Claims cannot be sent to the Divission of Corporations)
	sent: (Claims cannot be sent to the Divission of Corporations)
A claim against the above named lim	sent: (Claims cannot be sent to the Divission of Corporations)