

L15000205398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

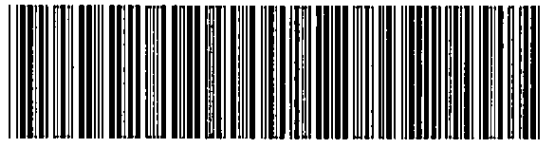
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 12 2021

04/12/21 10:00 AM

2021 APR 12 PM 12:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN 16 2021

R. HUNT

April 6, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 1035 Minnesota LLC

The enclosed Articles of Dissolution and the \$25.00 fee are submitted for filing the dissolution of 1035 Minnesota LLC.

Please return all correspondence concerning this matter to:

Kathleen A. Black, Managing Member
P.O. Box 1869
Winter Park, FL 32790-1132

For further information concerning this matter please call

William H. Black, Jr., Managing Member at 321.397.0406

Enclosed is a check for \$25.00, payable to Florida Department of State, for the Filing Fee and Certificate of Dissolution.



Kathleen A. Black
Managing Member

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


Pursuant to section 605.0707 Florida Statutes, this Florida Limited Liability Corporation submits the following Articles of Dissolution:

- FIRST: The name of the LIMITED LIABILITY COMPANY as currently filed with the Florida Department of State:
1035 MINNESOTA LLC
- SECOND: The Articles of Organization were filed on December 9, 2015 and assigned document number: L15000205398
- THIRD: The date dissolution was authorized: April 6, 2021
Effective date of dissolution: June 1, 2021
- FOURTH: Dissolution was approved by the members in the manner required by SECTION 8 of the Operating Agreement.

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2021 APR 12 PM 12:07

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: _____


KATHLEEN A BLACK, MANAGING MEMBER

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this corporation as provided in s. 605.0712, F.S.

Name of Limited Liability Company: 1035 MINNESOTA LLC

Document number of Limited Liability Company: L15000205398

Date of dissolution be June 1, 2021

Description of information that must be included in a claim:

LIMITED LIABILITY COMPANY DISSOLVED AS PERMITTED UNDER SECTION 8 OF THE OPERATING AGREEMENT
DUE TO LIQUIDATION OF ASSETS

Mailing address where claims can be sent:

PO BOX 1869

WINTER PARK, FL 32790-1869

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: _____


KATHLEEN A BLACK, Managing Member