

L22000329286

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
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2024 MAR 26 AM 7:29

**LLC DISSOLUTION OR WITHDRAWAL
PARTNERS OF GRIFFING PARK LLC**

Certificate of Status	0
Certified Copy	1
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MAR 26 2024

COVER LETTER

H24000111772

TO: Registration Section
Division of Corporations

SUBJECT: Partners of Griffing Park 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:

John Lago

(Name of Person)

Partners of Griffing Park LLC

(Firm/Company)

822 NE 125th St, Suite 100

(Address)

North Miami, FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

John Lago

(Name of Person)

at (786) 316-3772
(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
Partners of Griffing Park LLC
2. The Articles of Organization were filed on 08/31/2022 and assigned
document number L22000379286
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
Business did not start.
Business did not start.
Business did not start.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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:

John Lago

Signature

John Lago

Printed Name

FILING FEE: \$25.00

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