

L03000024881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

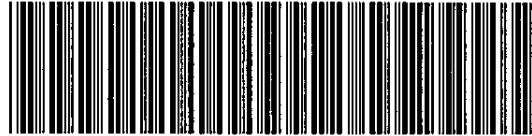
(Business Entity Name)

(Document Number)

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

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12/15/14--01014--022 \*\*30.00

DEPARTMENT OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

RECEIVED  
15 JAN 12 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2015 JAN 12 AM 10:57

JAN 22 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 10880 Biscayne, 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:

Seth A. Joseph  
\_\_\_\_\_  
(Name of Person)

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

609 Riviera Isle Drive  
\_\_\_\_\_  
(Address)

Fort Lauderdale, FL 33301  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Ann Brown at ( 954 ) 567-3497  
\_\_\_\_\_  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2014

SETH A JOSEPH  
609 RIVIERA ISLE DRIVE  
FORT LAUDERDALE, FL 33301

SUBJECT: 10880 BISCAYNE, LLC  
Ref. Number: L03000024881

We have received your document for 10880 BISCAYNE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 214A00026823

2015 JAN 12 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

1. The name of a limited liability company is

10880 Biscayne, LLC

2. The Articles of Organization were filed on July 9, 2003 and assigned

document number L03000024881

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)

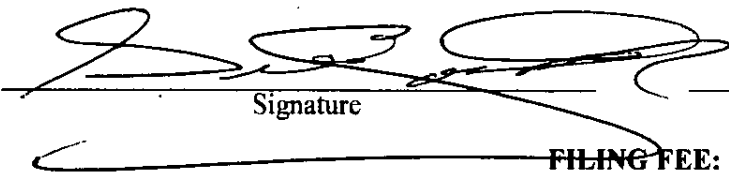
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

"...upon the written consent of all the members of the limited liability company" The limited liability company has ceased conducting business and it was decided by managing partners to dissolve the limited liability company and file Articles of Dissolution.

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:

  
Signature

Seth A. Joseph  
Printed Name

**FILING FEE: \$25.00**

2015 JAN 12 AM 10: 57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED