

LO3000033 852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

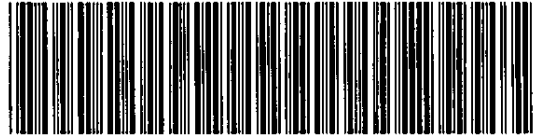
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200294891582

02/07/17--01002--015 **25.00

FEB 07 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -7 AM 9:00

01/13/2017

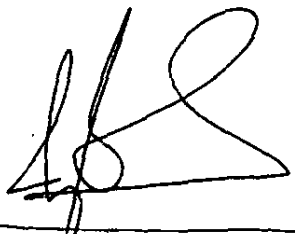
I, ALAIN INNOCENT hereby
provide my written consent for the
dissolution ~~for~~ of 1ST REAL VESTORS, LLC of
which I am a 50% member



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB - 7 AM 9:00

01/13/2017

I Tatiana Innocent, hereby
provide my written consent
for the dissolution of 1st Real
vestors LLC of which I am
a 50% member


Tatiana Innocent

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -7 AM 9:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1ST REAL VESTORS, 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:

ALAIN INNOCENT
(Name of Person)

1ST REAL VESTORS, LLC
(Firm/Company)

11069 NW 80 LANE
(Address)

MIAMI, FLORIDA, 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

ALAIN INNOCENT at (305) 965-2214
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB - 7 AM 9:00

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

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

1. The name of a limited liability company is

1ST REAL VESTORS, LLC

2. The Articles of Organization were filed on 08/06/2003 and assigned

document number L03000033852

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.

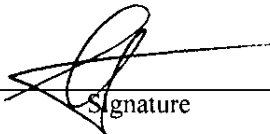
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The members MEJ on 01/13/2017
and agreed to voluntarily dissolve
the LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -7 AM 9:00

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

ALAIN INNOCENT
Printed Name

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 below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

Description of information that must be included in a written claim:

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -7 AM 9:00

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00