

L06000035217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

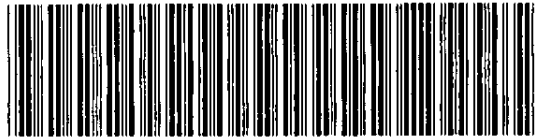
(Business Entity Name)

(Document Number)

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SUBMITTED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 879124 4301772
AUTHORIZATION : *Squibb*
COST LIMIT : \$ 25.00

ORDER DATE : November 19, 2015
ORDER TIME : 11:39 AM
ORDER NO. : 879124-005
CUSTOMER NO: 4301772

DOMESTIC FILINGS

NAME: LENKWARD ESTATES LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LENKWARD ESTATES 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:

MARIO GAZZOLA, ESQ.

(Name of Person)

PAVIA & HARCOURT LLP

(Firm/Company)

590 MADISON AVENUE 8TH FL

(Address)

NEW YORK, NEW YORK 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO GAZZOLA, ESQ. at (212) 980-3500
(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

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

1. The name of a limited liability company is
LENKWARD ESTATES LLC

2. The Articles of Organization were filed on April 4, 2006 and assigned
document number L06000035217

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 dissolution was authorized by the unanimous written consent of the Sole Member.

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

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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:

/s/ Umberto Sadun
Signature

Umberto Sadun, Sole Manager
Printed Name

FILING FEE: \$25.00