# L12000134134

(Re	equestor's Name)			
(Ac	ddress)			
(Address)				
(Ci	ty/State/Zip/Phone #)			
,				
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
	ocument Number)			
(0.	,			
Cariffed Canina	Contification of Status			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



400409105374

05/24/23--01006--008 \*\*25.00

HILED 2023 MAY 24 PM 2: 02

### **COVER LETTER**

•

TO: Registration Section

3					
MIDTOWN 41205 LLC					
(Name of Limited Liability Company)					
ion and fee(s) are submi	tted for filing.				
concerning this matter to	the following:				
sq.					
(Name of Person)					
Salcedo Attorneys at Law, P.A.					
(Firm/Company)					
200 S Biscayne Blvd, Suite 2700					
(Address)					
Miami, FL 33131					
(City/St	ate and Zip Code)				
ng this matter, please call	:				
Jorge Salcedo, Esq		375-0640			
of Person)	(Area)	Code & Daytime Telephone Number)			
amount:					
■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address:		<u>:ss:</u>			
Registration Section		n Section			
tions		Corporations			
P.O. Box 6327 Tallahassee, FL 32314					
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	(Name of Limition and fee(s) are submit concerning this matter to sq.  (Name of Limition and fee(s) are submit concerning this matter to sq.  (Name of Limition and Fee(s) are submit concerning this matter to sq.  (Find Blvd, Suite 2700)  (City/Stang this matter, please call of Person)  (amount: tifficate of Dissolution	(Name of Limited Liability Compion and fee(s) are submitted for filing.  concerning this matter to the following:  sq.  (Name of Person)  ys at Law, P.A.  (Firm/Company)  Blvd, Suite 2700  (Address)  (City/State and Zip Code)  at (Area and Cip Code)  (Area and Cip Code)			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2023 MAY 24 PM 2: 02

1.	The name of a limited liability company is		_
	MIDTO	OWN 41205 LLC	SLULL TARY OF STAT TALLAHASSEE: FLORID
2.	The Articles of Organization were filed on	October 22, 2012	and assigned
	document numberL12000134734		
3.	The delayed effective date the dissolution if no (effective date cannot be prior to Note: If the date inserted in this block does not n listed as the document's effective date on the Dep	to or more than 90 days later than neet the applicable statutory i	date document is received for filing)
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on	ne limited liability company back cover letter).	's dissolution pursuant to section
	Resolutions approving dissolution of the company	were adopted unanimously by	y the member
_			
5.	If there are no members, enter the name and a activities and affairs:	iddress of the person appoi	nted to wind up the company's
	<u> </u>		
6. ab	Signature of an authorized person or if there a love to wind up the company's activities and af	are no members, the signatu Mairs:	ire of the person appointed and listed
		Arturo Corona	
	Signature	Pr	rinted 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: MIDTOWN 412	05 LLC
Document number of Limited Liability Company is:	
Description of information that must be included in a v	vritten claim:
Claims shall be in writing and include:	
1. Name and address of claimant;	
2. Claim amount; and	
3. Basis for the claim.	202
	2028 MAY 24  SUCKLIANASS TALLANASS
Mailing address where claims can be sent: (Claims can	not be sent to the Division of Corporations:
18101 Collins Avenue, Unit 4102	# 2: 02
Sunny Isles Beach	D
Florida, 33160, US	
A claim against the above named limited liability compelaim is commenced within 4 years after the filing of the	
claim is commenced within 4 years after the ming of the	ins notice.
Arturo Corona	
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