

L1300010176

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC
Account Number : I20090000072
Phone : (954) 356-2905
Fax Number : (954) 337-8346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC DISSOLUTION OR WITHDRAWAL
4200 HILLCREST DR LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4200 HILLCREST DR 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:

(Name of Person)

WESTON CORPORATE ADMINISTRATION LLC

(Firm/Company)

2225 N. COMMERCE PKWY., SUITE 4

(Address)

WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE F. RODRIGUEZ

(Name of Person)

at (**954**) **389 - 0729**

(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

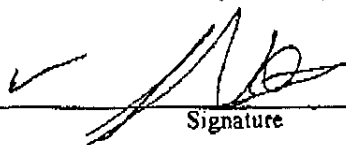
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
4200 HILLCREST DR LLC
2. The Articles of Organization were filed on **1/22/2013** and assigned
document number **L13000010176**
3. The delayed effective date the dissolution if not effective on the date of filing: **3/27/2014**
(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).
COMPANY CEASE OPERATION.

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

NICOLAS GRADENHEIMER
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA