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IALLAHASSEE, FLORIO



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2017

MARY LOU RODON, ESQ RODON LAW, PLLC 201 ALHAMBRA CIRCLE STE 504 CORAL GABLES, FL 33134

SUBJECT: 19111 FISHER ISLAND, LLC

Ref. Number: L13000053106

RODON LAW, PLLC FEB 1 4 2017 &

We have received your document for 19111 FISHER ISLAND, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's odissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 917A00002444

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Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. T	he name of a limit	ed liability	company is						
	19111 F	isher	Island,	LLC		·····			·
2. T	he Articles of Org	anization v	were filed on	April	11,	2013	and ass	igned	
do	ocument number_	L13000	053106		ı				
1	he delayed effection Note: If the date insisted as the document	(effective da erted in this	te cannot be price block does no	or to or more at meet the a	than 90 da pplicable	ays later the statutory	an date document is	received for f	
4. A 60	description of occ 5.0707, Florida St	currence thatutes, (co	at resulted in py 605.0707	the limite	d liabilit ver lette	y compa er).	ny's dissolution	pursuant to	section
							business		
									17
									FEB -6
5. If	there are no mem	bers, enter	the name and	d address o	f the per	son appe	ointed to wind u	p the compa	
activities and affairs:		s: _	Mary Lo	u Rodo	n				- -
			Manager	•				•	II: 35
		_							
		-		···					
6. Si listed	ignature of an auth I above to wind up	orized per the comp	son or if ther any's activiti	e are no me es and affa	embers, irs:	the signa	ture of the perso	on appointed	i and
	11				14	.	n - 4		
	- Illla		 .	Mary Lou Rodon					
Signature		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: 19111 Fisher Island, LLC		
Document number of Limited Liability Company is: April 11, 2013		
Date of dissolution was:Effective upon filing		
Description of information that must be included in a written claim:		
Name of claimant, address and telephone number		
Description of the nature of the claim		Z'a
	FEB 7	CRE
	3-6	ASSI ASSI
	AM	mg
	AM 1: 35	200
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	Ų,	(F)
19111 Fisher Island, LLC		
c/o Rodon Law, PLLC		
201 Alhambra Circle, Suite 504		
Coral Gables, Florida 33134		
Tel: (305) 445-8881		

Mary Lou Rodon, Manager

Printed Name of the Person Filing

claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

A claim against the above named limited liability company will be barred unless a proceeding to enforce the