L140000 22772

(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

K. SALY NOV 2 1 2017



300305741533

11/20/17--01033--016 **25.00

2017 NOV 20 PM 3 29 SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO: Registration : Division of C			
SUBJECT:	11345 SW 19	57 TERRACE LLC Liability Company)	
	(Name of Limited)	Stability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all corres	spondence concerning this matter to the	following:	
	Rosa	Sta vocino S	
	(Name o	f Person)	
			
	(Firm/C	отралу)	
	16259 Su	1 77 Court.	
***********	Palnelle (City/State a	BAY FL 33157	
For further information concerning this matter, please call:			
Ro	Sa SKlavours (Name of Person)	at (<u>786</u>) <u>302 - 86 / 1</u> (Area Code & Daytime Telephone Number)	
	·	,,,,,,,,,	
Enclosed is a check for the following amount:			
\$25.00 Filing F	ee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Reg Div	ILING ADDRESS: istration Section ision of Corporations . Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	
Tall	ahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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

FILED

2017 NOV 20 PM 3 29

ì.	The name of a limited liability company is
	The name of a limited liability company is 11345 SW 157 TERRACE CLARY OF STATE TO 100 ON 150 ON 15
2.	The Articles of Organization were filed on Feb 10, 2014 and assigned
	document number <u>L140000 2277</u> 2
3.	The delayed effective date the dissolution if not effective on the date of filing: Feb 25, 20/7 (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).
	No Longer in business-
	-
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	16259 SW 77 Court.
	Palnetto BAY, FL 33157
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
/	Coa Sil orrors Posa SklaVollres
_	Signature Printed Name

FILING FEE: \$25.00