1140000136Z

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Odsiness Entry Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800336277148

2011 POY -4 FM 4: 1

T FEIGHERTH AND OR TOTAL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 027940 8058166

AUTHORIZATION

COST LIMIT : \$25.00

ORDER DATE: October 29, 2019

ORDER TIME : 5:09 PM

ORDER NO. : 027940-005

CUSTOMER NO: 8058166

DOMESTIC FILINGS

NAME: U.S. RETAIL STORES LINCOLN

ROAD 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: Kadesha Roberson - EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: U.S. Retail Stores Lincoln Road 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:

Ezri Silver US Polo ASSN (Fim/Company) 1400 Groadway New York Ny 10018

For further information concerning this matter, please call:

Ezri Silver at (212) 944-1330
(Name of Person) (Aren 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

FILED

		5019 NOA - H Ы 5: #P
 The name of a limited l US Retail Stores Lincoln 	* *. *	entant exhaution of
OB REAL SIGHS LINCOLL	ROSU LLC	MURHOULLILLERIUR
2. The Articles of Organiz	ration were filed on 3/14/2014	and assigned
document number L140	00043685	
(effe	ate the dissolution if not effective on the ctive date cannot be prior to or more than 90 day in this block does not meet the applicable seffective date on the Department of State's reference.	/s later than date document is received for filing) statutory filing requirements, this date will not be
605.0707. Florida Statut	es. (conv 605 0707 on back cover letter)	company's dissolution pursuant to section). d. No on-noise prisms
or husiness acti	elated deal not complete	
5. If there are no members activities and affairs:	e, enter the name and address of the pers	on appointed to wind up the company's
	1400 Bindu	1:2.
	New York, N	./
6. Signature of an authoriz	zed person or if there are no members, the company's activities and affairs:	he signature of the person appointed and
G. M.	A Fr	Printed Name
()	. •	i ilittoa i tainto

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:	
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a wr	itten claim:
Mailing address where claims can be sent: (Claims cannot	ot be sent to the Division of Corporations)
· 	
	······································
A claim against the above named limited liability compaclaim is commenced within 4 years after the filing of this	
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