

L14 000 111962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

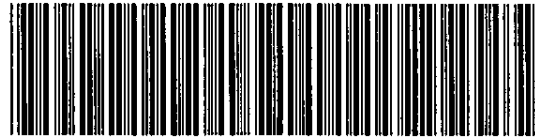
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263676622

08/28/14--01013--007 **25.00

14 AUG 28 AM 10:47
344 877

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMJAIA BH PROPERTY 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:

MARTA E JACOFSKY

(Name of Person)

SIMJAIA BH PROPERTY LLC

(Firm/Company)

21085 NE 34 AVENUE SUITE 301

(Address)

AVENTURA FLORIDA 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTA E JACOFSKY

(Name of Person)

305 300-1743

at () (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:

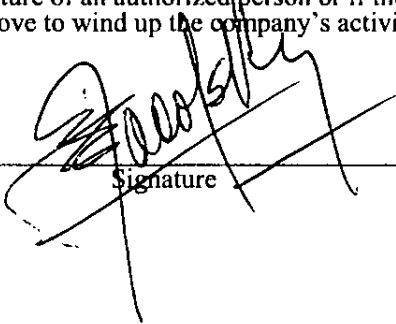
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
SIMJAIA BH PROPERTY LLC
2. The Articles of Organization were filed on 07/16/2014 and assigned
document number L 14000111962
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
THE LLC MEMBERS DECIDED TO DISSOLVE THE PARTNERSHIP BECAUSE
THE MOTIVE TO CREATE IT HAS ENDED.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: MARTA E JACOFISKY
21085 NE 34 AVENUE SUITE 301
AVENTURA FLORIDA 33180
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

MARTA E JACOFISKY
Printed Name

FILING FEE: \$25.00

14000111962