

L15000121042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

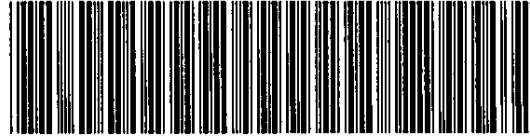
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/16--01018--002 **25.00

FILED
16 SEP -9 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Le Meridien Orlando Management Fund, 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:

Qendrese Sadriu

(Name of Person)

American Immigration Group, LLC

(Firm/Company)

230 Park Avenue, Suite 1549

(Address)

New York, NY 10169

(City/State and Zip Code)

For further information concerning this matter, please call:

Qendrese Sadriu

(Name of Person)

at (646) 657-5476

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

QENDRESE SADRIU
AMERICAN IMMIGRATION GROUP, LLC
230 PARK AVENUE, SUITE 1549
NEW YORK, NY 10169

SUBJECT: LM ORLANDO HOTEL MANAGEMENT FUND, LLC
Ref. Number: L15000121042

We have received your document for LM ORLANDO HOTEL MANAGEMENT FUND, 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):

You failed to make the correction(s) requested in our previous letter.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00016914

2016 SEP -9 PM 12:08
TALLAHASSEE, FLORIDA

611 EPD
16 SEP -9 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2016

QENDRESE SADRIU
AMERICAN IMMIGRATION GROUP, LLC
230 PARK AVENUE, SUITE 1549
NEW YORK, NY 10169

SUBJECT: LM ORLANDO HOTEL MANAGEMENT FUND, LLC
Ref. Number: L15000121042

2016 AUG 22 PM 4:34
TALLAHASSEE, FLORIDA

We have received your document for LM ORLANDO HOTEL MANAGEMENT FUND, 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):

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00016914

2016 SEP 16
16 SEP --9 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

LM Orlando Hotel Management Fund, LLC

2. The Articles of Organization were filed on July 15th 2015 and assigned

document number L15000121042

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)

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).

The member had decided to not go forward with the project for which this LLC was formed

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: David Finkelstein

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

David Finkelstein

Printed Name

FILING FEE: \$25.00

FILED
SEP - 9 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA