L15000133844

(R	equestor's Name)	
(A	ddress)	· · · · · · · · · · · · · · · · · · ·
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800275970228

08/12/15--01024--009 **25.00

RETARY OF STATE

AUG 1 3 2015

3 MASON

COVER LETTER

TQ:

Registration Section Division of Corporations

SUBJECT

Soku South Beach, 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:

Alexandre Ballerini
(Name of Person)
Alexandre Ballerini PA
(Firm/Company)
927 Lincoln Road, Suite 200
(Address)
Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexandre Ballerini	_{at} 305 507-9699	
(Name of Person)	(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 Soku South Beach, LLC
2.	The Articles of Organization were filed on 8/5/2015 and assigned
	document number L15000133844
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 b 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 crepion was on error.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Alexandre Ballerini
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: All Maule Falls i
	Signature Printed Name FILING FEE: \$25.00