

6/16/2020

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

LLC DISSOLUTION OR WITHDRAWAL  
4112 NE 1ST LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2020 JUN 16 PM 3:59  
SECRETARY OF STATE  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4112 NE 1st 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:

Kathy Darden

(Name of Person)

Polsinelli PC

(Firm/Company)

150 N. Riverside Plaza, Suite 3000

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Darden

312

463-6381

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

4112 NE 1st LLC

2. The Articles of Organization were filed on 09/28/2015 and assigned

document number L15000164498

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).

All members and managers voted to dissolve the entity.

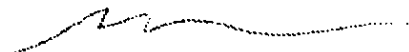
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Scott Sherman

80 SW 8th Street, Suite 2100

Miami, FL 33130

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

Scott Sherman

Printed Name

**FILING FEE: \$25.00**

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