## 

(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				





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S. WARREN DEC 2 9 2017

17 DEC 28 AM 9: 26

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE : 983160 4306601				
AUTHORIZATION : Smell of and				
COST LIMIT : \$ 25.00				
ORDER DATE : December 27, 2017				
ORDER TIME : 10:14 AM				
ORDER NO. : 983160-005				
CUSTOMER NO: 4306601				
DOMESTIC FILINGS				
NAME: APO MIAMI OWNER, 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: Roxanne Turner - EXT#				

EXAMINER'S INITIALS:

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

APO Miami Owner, LLC		·
2. The Articles of Organization were filed on	09/13/2016	and assigned
document number 1.16000171414		
B. The delayed effective date the dissolution if (effective date cannot be prio Note: If the date inserted in this block does not listed as the document's effective date on the D	or to or more than 90 days la of meet the applicable stat	utory filing requirements, this date will not be
A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707)	the limited liability co on back cover letter).	mpany's dissolution pursuant to section
Consent of all members to dissolve the limited li	iability company.	
i. If there are no members, enter the name and activities and affairs:	l address of the person	appointed to wind up the company's
***************************************		
Signature of an authorized person or if there isted above to wind up the company's activitie	e are no members, the ses and affairs:	
Signature		Printed Name

FILING FEE: \$25.00

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