

L17000194255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

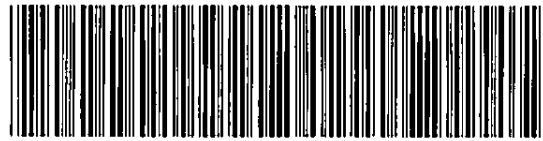
(Document Number)

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APR 27 2024

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04/16/24--01010--031 \*\*25.00

FILED  
2024 APR 16 PM 12:58  
CLERK OF SUPERIOR COURT  
JANUARY 17, 2025

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POCAS METRO 1810, 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:

ANDRES BAZO

(Name of Person)

RASCO KLOCK PEREZ NIETO PL

(Firm/Company)

2555 PONCE DE LEON BLVD SUITE 600

(Address)

CORAL GABLES FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDRES BAZO

(Name of Person)

305

4767100

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 Address:**

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

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

**FILED**  
**2024 APR 16 PM 12:59**  
RECEIVED - STATE  
CLERK OF THE COURT

1. The name of a limited liability company is

POCAS METRO 1810 LLC

2. The Articles of Organization were filed on 09/19/2017 and assigned

document number L17000194255

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 THE MEMBERS AND MANAGERS HAVE DECIDED TO DISSOLVE THE COMPANY

PURSUANT TO SECTION 605.0701(2)

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

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

MELANIE POCATERRA- MANAGING MEMBER

Printed Name

**FILING FEE: \$25.00**