

L18000103750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

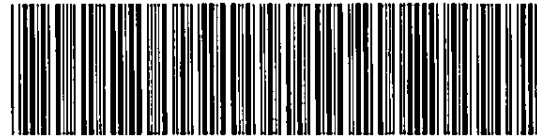
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/19--01014--025 *\$25.00

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AND
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2019 APR 10 PM 5:44
SECRETARY OF STATE
141 LAHASSEE, NH 03085

T.C.
4/11/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 100 NW 86 ST, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector Lastre
(Name of Person)
100 NW 86 ST, LLC
(Firm/Company)
3801 Anderson Road
(Address)
Coral Gables, FL 33134
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Hector Lastre at (305) 606-4987
(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
100 NW 86 ST, LLC

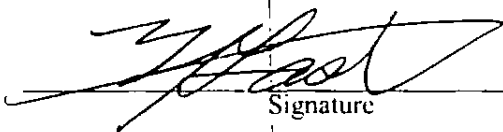
2. The Articles of Organization were filed on 4/24/18 and assigned
document number L18000103750

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 purpose of the business of 100 NW 86 ST, LLC is completed.

5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
Hector Lastre
3801 Anderson Road
Coral Gables, FL 33134

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

Hector Lastre

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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AND
FILED