L21000459999

(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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Special Instructions to Filing Officer:						

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COVER LETTER

TO: Registration	on Section f Corporations					
Division o	Corporations					
SUBJECT: FEINST	TEIN BVP XI GIFT LLC					
DOCUMENT NU	MBER:					
The enclosed Notic	e of Limited Liability (Company Dissolution and	fee are submitted for filin	g.		
Please return all cor	тespondence concerning	this matter to the followin	g:			
Elliot Feinstein			~			
	(Name of C	Contact Person)	023 HAR ID	Ţ		
-	(Firm	/Company)	∽ .	257		
2711 S.OCEAN DRIV	E2504		PH 2: 5 UF 6 TAT SEE: FL			
	(Ad	idress)	3. F. S. P.			
HOLLYWOOD, FL 33	019					
	(City/Stat	e and Zip Code)				
For further information	tion concerning this matt	ter, please call:				
Elliot Feinstein		at (³⁰⁵) ⁹⁰⁵⁰³	05			
(Name of	Contact Person)	(Area Code) (D	aytime Telephone Number	er)		
Enclosed is a check	for the following amour	nt:				
■\$25 Filing Fee	☐\$30 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$60 Filing Fee, Certificate of Status & Co Copy (Additional copy is enclosed)	ertified		
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				

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	FEINSTEIN BVP X	II GIFT LLC				
Document number of Limited Liability	L21 Company is:	000459999				
12/31/2022				-		
Date of dissolution was:		_				
Description of information that must b	e included in a wr	ritten claim:				
						,
				=4(±) €7	202	
				<u> </u>	MAI	*
				 	- R 10	77760
				<u>- S</u>	- <u>P</u>	9 7 9
					Ħ 2:	
Mailing address where claims can be s	ent: (Claims cann	ot be sent to	the Division of Corp	orations)	: 55	
2711 S.OCEAN DRIVE	2504 HOLLYWO	OD FL 3301	9	* • •	٠.	
			<u> </u>			
				<u>_</u>		
A selection of a selection of the select				1'		
A claim against the above named limit commenced within 4 years after the fil			parred unless a procee	ding to ent	orce th	ie claim is
·	J		10	_		
			11.1-1	M	1	-2
Elliot Feinstein			GAN		LE	
Printed Name of the Per	son Filing		Signature of th	e Person Filir	10	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00