Laa0000 35 a39

(Requestor's Name)					
(Address)					
(Address)					
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:	-			
	_	HORNE 3 - 4 2025			

Office Use Only



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12/17/24--01017--005 ***25.00



COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	450 NE 105TH, LLC				
301312		ted Liability Company)			
The end	closed Articles of Dissolution and fee(s) are submit	tted for filing			
	return all correspondence concerning this matter to	•			
	Felipe Apparcel				
	(Na	me of Person)			
	(Firm/Company)				
	6303 WATERFORD DISTRICT DR, SUITE 200				
	(Address)				
	MIAMI, FL 33126	12. (2.1)			
	(Chysi	ate and Zip Code)			
For furt	ther information concerning this matter, please call	:			
	Felipe Apparcel	305 373-0123			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed	d 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:	Street Address:			
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is					
	450 NE 105TH, LLC					
2.	The Articles of Organization were filed on and assigned and assigned	- 2024 DO FILED				
	document numberL22000035239	10EC 17 0				
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 fil Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we listed as the document's effective date on the Department of State's records.					
4.	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).					
	Dissolution was approved by the shareholders, in the manner required by this					
	chapter and the articles of incorporation.					
		· 				
5.	If there are no members, enter the name and address of the person appointed to wind up the compan activities and affairs:	y`s				
						
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed above to wind up the company's activities and affairs:	and listed				
(Felipe Apparcel					
	Signature Printed Name	_				

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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:_	450 NE 105TH	I, LLC	
Document number of Limited Liability	Company is:	L22000035239	
Date of dissolution was: 3/4/2024			
Description of information that must be	e included in a w	vritten claim:	
All claims must include: (1) the name and	address of the cla	imant; (2) the amo	unt claimed;
(3) the basis for the claim; (4) the date(s) o	on which the event	t(s) on which the cl	aim is based
occurred; and (5) all documentation giving	rise to the claim.		
Mailing address where claims can be so	ent: (Claims can	not be sent to the	Division of Corporations)
450 NE 105TH, LLC		200	<u> </u>
6303 WATERFORD DISTR	CI DR, SUITE	200	
MIAMI, FL 33126			
A claim against the above named limite claim is commenced within 4 years after			ed unless a proceeding to enforce the
Felipe Apparcel			
Printed Name of the Person Filing	!		Signature of the Person Filing