

# L 10000094034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

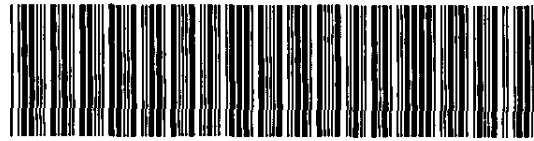
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/15/13--01003--021 \*\*7.50

10/17/13--01003--027 \*\*52.50

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13 NOV 13 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV 15 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2013

SUSAN CAVALLO  
500 NW 87TH WAY  
CORAL SPRINGS, FL 33071

SUBJECT: 1950 S OCEAN DRIVE 20A, LLC  
Ref. Number: L10000094034

We have received your document for 1950 S OCEAN DRIVE 20A, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 213A00025165

Susan Cavallo  
500 NW 87thWay  
Coral Springs, FL 33071  
954-471-7041 Cell

November 7, 2013

Karen A Saly  
Regulatory Specialist II  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: 1950 S Ocean Drive 20A, LLC  
Document #L10000094034

Dear Ms. Saly:

Enclosed please find the completed correct forms you sent me and a check in the amount of \$7.50 to cover the additional cost of the Filing Fee, Certificate of Status and Certified Copy.

Thank you for your help.

Sincerely,



Susan Cavallo

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1950 S OCEAN DRIVE 20A, 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:

SUSAN CAVALLO  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

500 NW 87<sup>TH</sup> WAY  
(Address)

CORAL SPRINGS, FL 33071  
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN CAVALLO at ( 954 ) 471-7041  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ρ \$25.00 Filing Fee
- ρ \$30.00 Filing Fee & Certificate of Status
- ρ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ρ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

*Balance - 52.50  
Due \$7.50  
paid check #3371*

**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

FILED  
13 NOV 13 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

1950 S OCEAN DRIVE 2DA, LLC

2. The Articles of Organization were filed on 9/8/2010 and assigned document number

L10000094034

3. The date the dissolution was approved: 10/10/13

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

THE ONLY ASSET WAS SOLD AND  
NO FURTHER BUSINESS WILL BE  
CONDUCTED

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.  
-OR-  
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Susan Cavallo

SUSAN CAVALLO