

L11000038602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/24/14--01011--006 **25.00

FILED
2014 FEB 24 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 25 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinecrest 11001 SW 62 Avenue, 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:

Victor P. Balestra
(Name of Person)

(Firm/Company)

3135 SW 3rd Avenue
(Address)

Miami, FL 33129
(City/State and Zip Code)

For further information concerning this matter, please call:

Gani Viñas at (305) 854-5206
(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

FILED
2014 FEB 24 PM 12:23
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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

1. The name of a limited liability company is

Pinecrest 11001 SW 62 Avenue, LLC

2. The Articles of Organization were filed on 3/31/11 and assigned
document number L11000038602

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

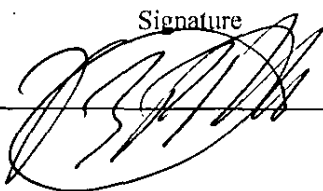
No longer any use for the company.

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

Victor P. Balestra
3135 SW 3rd Avenue
Miami, FL 33129

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



Printed Name

Victor P. Balestra

FILING FEE: \$25.00

FILED
2014 FEB 24 PM 12:23
CLERK OF STATE
TALLAHASSEE FLORIDA

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: Pinecrest 11001 SW 62 Avenue, LLC

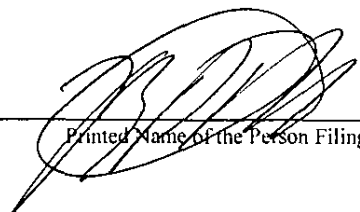
Date of dissolution was: 12/31/13

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3135 SW 3rd Avenue
Miami, FL 33129

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.



Printed Name of the Person Filing

VICTOR P. BALESTRA

Signature of the Person Filing