

# L12000115080

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305)416-6800  
Fax Number : (305)416-6811

### LLC DISSOLUTION OR WITHDRAWAL SOFISA PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	012
Estimated Charge	\$25.00

RECEIVED  
14 AUG 11 AM 2:19  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

14 AUG 11 AM 7:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOFISA PROPERTIES, 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:

Diane M. Hernandez  
(Name of Person)

Adams Gallinar, P.A.  
(Firm/Company)

1000 Brickell Avenue, Suite 300  
(Address)

Miami, Florida 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

Diane M. Hernandez at ( 305 ) 416-6800  
(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  
Sofisa Properties, LLC

2. The Articles of Organization were filed on 09/07/2012 and assigned  
document number L12000115080

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)

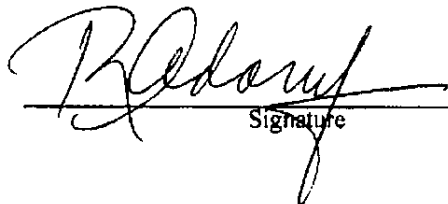
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
No Activity

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TALLAHASSEE FLORIDA

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

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

Robert R. Adams, Auth Representative  
Printed Name

FILING FEE: \$25.00