

L13000033533

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : 501617-6383

From:

Account Name : PIERO SALUSSOLIA CORPORATE MANAGEMENT INC.
Account Number : I20150000007
Phone : (305) 373-7016
Fax Number : (305) 373-7017

LLC DISSOLUTION OR WITHDRAWAL 888 BISCAYNE 5407 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

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JUN 04 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 888 BISCAYNE 5407 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:

Angela Cappuzzello

(Name of Person)

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC.

(Firm/Company)

1410 20th Street Suite 214

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Cappuzzello

(Name of Person)

at 305 3737016

(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
888 BISCAYNE 5407 LLC

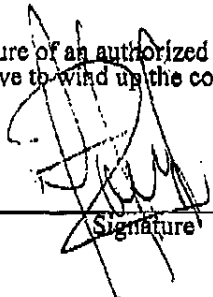
2. The Articles of Organization were filed on 03/05/2013 and assigned
document number L13000033533

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).
Written consent of all the members

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

Monica Tirado
Printed Name

FILING FEE: \$25.00

15 JUN -3 AM 8:41
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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