

L17000017763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

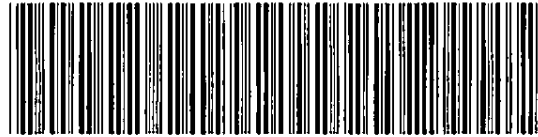
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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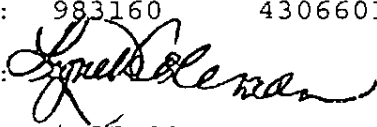
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2017 DEC 28 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K SALY
DEC 29 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 983160 4306601
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : December 27, 2017

ORDER TIME : 10:14 AM

ORDER NO. : 983160-010

CUSTOMER NO: 4306601

DOMESTIC FILINGS

NAME: APO MIAMI 2 OWNER, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

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1. The name of a limited liability company is
APO Miami 2 Owner, LLC

2. The Articles of Organization were filed on 01/24/2017 and assigned
document number L17000017763

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017
(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).

Consent of all members to dissolve the limited liability 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:

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

Alexandre Montavon

Printed Name

FILING FEE: \$25.00