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. (Re	equestor's Name)		
(Ac	ldress)		
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Two-O-Third Aventura, 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:

Sara Tobi Lewinger

(Name of Person)

Two-O-Third Aventura, LLC

(Firm/Company)

2600 Island Blvd 2906

(Address)

Aventura, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Sara Tobi Lewinger

_,305

935-3096

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S25.00 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 lia	pility company is	
Two-O-Third Aventura, LL	C	
2. The Articles of Organizat	ion were filed on April 13, 2000	and assigned
document number L00000	004249	
Note: If the date inserted i	e the dissolution if not effective on the date of ve date cannot be prior to or more than 90 days later than this block does not meet the applicable statutory fective date on the Department of State's records.	in date document is received for filling)
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limited liability compan, (copy 605.0707 on back cover letter).	y's dissolution pursuant to section
No further business	, , , , , , , , , , , , , , , , , , ,	
5. If there are no members,	enter the name and address of the person appo	
activities and affairs:		上
		#A 25
6. Signature of an authorize listed above to wind up the c	d person or if there are no members, the signat ompany's activities and affairs:	ture of the person appointed and
I aro No	Sara Tobi Lewinge	er
Signature		Printed Name

FILING FEE: \$25.00