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(Business Entity Name)

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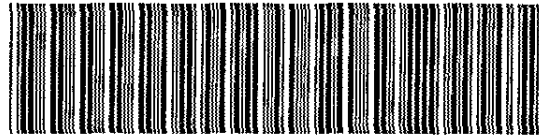
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04 MAR 22 AM 10:30

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampico Florida Residence II, LLC

L01000011955

DOCUMENT NUMBER: _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Celia Guillen

(Name of Person)

(Name of Firm/Company)

9595 N Kendall Drive, Suite 200

(Address)

Miami, Florida 33176

(City/State/and Zip Code)

For further information concerning this matter, please call:

Celia Guillen

(Name of Person)

at (305) 274-7467

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 9, 2004

CELIA GUILLEN
9595 N KENDALL DRIVE, SUITE 200
MIAMI, FL 33176

SUBJECT: TAMPICO FLORIDA RESIDENCE II, LLC
Ref. Number: L01000011955

We have received your document for TAMPICO FLORIDA RESIDENCE II, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to dissolve this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 304A00015729

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

1. The name of the limited liability company is _____

TAMPICO FLORIDA RESIDENCE II, LLC

2. The effective date of the limited liability company's dissolution is 2/23/04

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

NOT ENOUGH BUSINESS

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

☒ -OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.

☒ -OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

[Signature]

Typed or Printed name

CELIA GUILLEN

04 MAR 22 AM 10:30

FILED

Filing Fee: \$25.00