(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

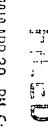
Office Use Only



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R. WHITE MAY - 9 2019

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SHRHECT

# ACC/GP SOUTHEASTERN 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:

Frances Shapiro				
(Name of Person)				
c/o Cherry Bekaert, LLP				
(Firm/Company)				
2525 Ponce de Leon Blvd., Suite 1040				
(Address)				
Coral Gables, FL 33134				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Jamie Byington, CPA	<sub>at (</sub> 786	, 693-6448	
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
S25 00 Filing Fee and Centricate of Dissolution	□ \$55 00 Filino	Fee Certificate of Dissolution &	

#### MAILING ADDRESS:

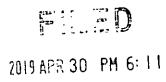
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



Ι.	The name of a limited liability ACC/GP SOUTHEASTERN LL		TALL			
2.	The Articles of Organization v	were filed on 02/27/2002	and assigned			
	document number 1.020000043	756				
3.	(effective da <u>Note:</u> If the date inserted in this	dissolution if not effective on the te cannot be prior to or more than 90 day block does not meet the applicable s e date on the Department of State's r	is later than date document is received statutory filing requirements, this	d for filing) date will not l		
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).					
	Final tax returns will be prepared for this entity as of 08/31/2018.					
5.	If there are no members, enter activities and affairs:	the name and address of the pers	on appointed to wind up the co	ompany's		
	-			<u></u>		
6. lis	- Signature of an authorized per sted above to wind up the comp	son or if there are no members, thany's activities and affairs:	ne signature of the person appo	ointed and		
	Fanes She	Frances S	•			
	Signature		Printed Name			

FILING FEE: \$25.00