

LO20000 16226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

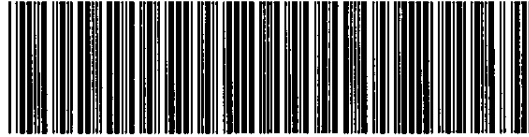
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200271732262

04/16/15--01009--013 \*\*25.00

FILED  
15 APR 16 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Steven APR 27 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southfields Plaza 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:

Peter Lofaso

(Name of Person)

(Firm/Company)

9385 Equus Circle

(Address)

Boynton Beach FL 33437

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Lofaso

(Name of Person)

561

601-3531

at (

(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:**

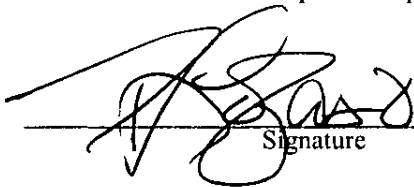
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
Southfields Plaza LLC
2. The Articles of Organization were filed on Apr 29, 2002 and assigned  
document number L02000010220
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)
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).  
Unanimous consent of 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

Peter F Lofaso

Printed Name

**FILING FEE: \$25.00**

15 APR 11 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED