

#L02000020223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

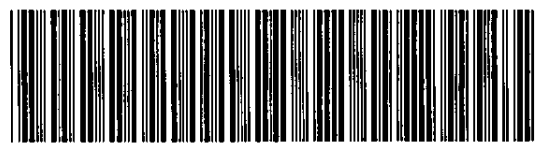
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400269603734

02/26/15--01010--018 **25.00

FILED
2015 FEB 26 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TANGLEWOOD APARTMENTS 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:

ANDREW L. JIMENEZ, ESQ.
(Name of Person)
JIMENEZ LAW OFFICES, P.A.
(Firm/Company)
100 SE ERD AVE, SUITE 1514
(Address)
FORT LAUDERDALE, FL 33394
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW L. JIMENEZ at (954) 848-3111
(Name of Person) (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**

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2015 FEB 26 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
TANGLEWOOD APARTMENTS LLC

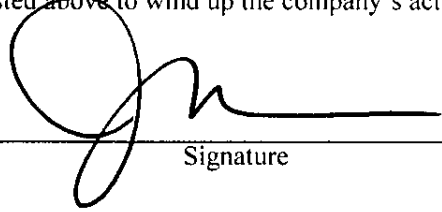
2. The Articles of Organization were filed on AUGUST 8, 2002 and assigned
document number L02000020223

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).
CONSENT OF ALL THE MEMBERS TO DISSOLVE AS OF DECEMBER 31, 2014.

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

JEFF GRINSPOON

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

FILED

2015 FEB 26 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: TANGLEWOOD APARTMENTS LLC

Document number of Limited Liability Company is: L02000020223

Date of dissolution was: DECEMBER 31, 2014

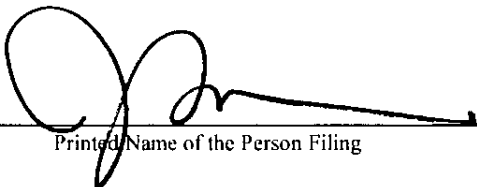
Description of information that must be included in a written claim:

NATURE OF CLAIM, AMOUNT, DATE OF OCCURRENCE, CONTACT NAME,
ADDRESS AND PHONE NUMBER.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ANDREW L. JIMENEZ, ESQ.
JIMENEZ LAW OFFICES, P.A.
100 SE 3RD AVE, SUITE 1514
FORT LAUDERDALE, FL 33394

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.



Printed Name of the Person Filing

JEFF Grinspoon

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00