LU3000010554

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	•
SUBJECT: Della VISTA HIGIERI (Name of Limite	n Apartments, LLC
(Name of Limite	d Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Alyssa Roba	e of Person)
	Doment LLC
50 Mall Rd, Su	11tc G-18 ddress)
Burlington MA (City/State	01803 and Zip Code)
For further information concerning this matter, please call:	
Derrare Woonan (Name of Person)	at ()
Enclosed is a check for the following amount:	
\$\$\\$525.00 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	Street Address: Registration Section Division of Corporations
P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Bella Vista Hialeah Apartments, LLC	
2. The Articles of Organization were filed on $\frac{312412003}{3003}$ and assigned	
document number <u>L03000010554</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021 (effective date cannot be prior to or more than 90 days later than date document is received for filin Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil listed as the document's effective date on the Department of State's records.	g) l not be
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to sec 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ction
sale of the LLC's sole asset, real estate/proper in a 0 a l	- ±y -
5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs: 50 Mall Rd, Suite 6-18	s -
Burlington MA 01803	- -
6. Signature of an authorized person or if there are no members, the signature of the person appointed an above to wind up the company's activities and affairs:	– d listed
Steven Levy Signature Steven Levy	

FILING FEE: \$25.00