

4070000 15417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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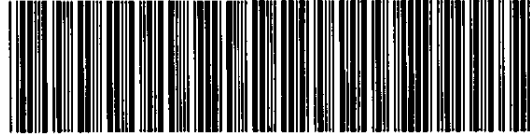
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

File

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NE 22ND AVENUE LLC

DOCUMENT NUMBER: L03000015413

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES ELLIS

(Name of Contact Person)

NE 22ND AVENUE LLC

(Firm/Company)

3020 NE 32ND AVENUE, SUITE 110

(Address)

FORT LAUDERDALE, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

JIM ELLIS

(Name of Contact Person)

at (954)

(Area Code)

563-0550

(Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

\$60 Filing Fee,
Certificate of Status &

Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment 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
NE 22ND AVENUE LLC

2. The Articles of Organization were filed on 04/29/2003 and assigned
document number L03000015413

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).
DISCONTINUED OPERATIONS

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:

FILED
14 DEC 30 1AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature

JAMES F. ELLIS
Printed Name

FILING FEE: \$25.00