

LO3000033 852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

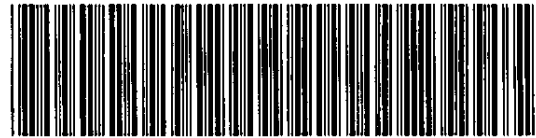
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200294891582

02/07/17--01002--015 \*\*25.00

FEB 07 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB -7 AM 9:00

01/13/2017

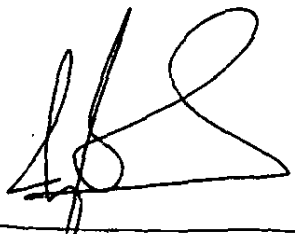
I, ALAIN INNOCENT hereby  
provide my written consent for the  
dissolution ~~for~~ of 1ST REAL VESTORS, LLC of  
which I am a 50% member



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB - 7 AM 9:00

01/13/2017

I Tatiana Innocent, hereby  
provide my ~~written~~ consent  
for the dissolution of 1st Real  
vestors LLC of which I am  
a 50% member

  
Tatiana Innocent

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 FEB -7 AM 9:00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

1ST REAL VESTORS, 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:

ALAIN INNOCENT

(Name of Person)

1ST REAL VESTORS, LLC

(Firm/Company)

11069 NW 80 LANE

(Address)

MIAMI, FLORIDA, 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

ALAIN INNOCENT

(Name of Person)

at (305) 965-2214

(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB - 7 AM 9:00

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

1ST REAL VESTORS, LLC

2. The Articles of Organization were filed on 08/06/2003 and assigned

document number L03000033852

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The members, MEJ, on 01/13/2017  
and agreed to voluntarily dissolve  
the LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: \_\_\_\_\_

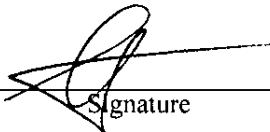
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

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17 FEB - 7 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ALAIN INNOCENT  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**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: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB -7 AM 9:00

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of the Person Filing

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