

L03000043747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

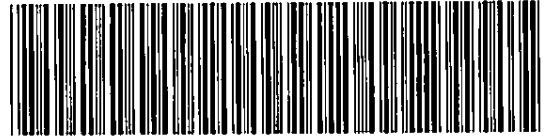
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



900427997439

LLC dissolution  
with notice

FILED  
2024 MAY 13 AM 9:25  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

A. RAMSEY

MAY 16 2024

RECEIVED  
2024 MAY 13 AM 11:02  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF REVENUE

\*02250, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2024

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

TALLAHASSEE, FL 32312

SUBJECT: SOUTH BEACH PLACE, LLC  
Ref. Number: L03000043747

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for SOUTH BEACH PLACE, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

A Notice of Dissolution can not be filed before the limited liability files Articles of Dissolution. I have enclosed the correct form. The Notice of Dissolution may be filed along with the Articles of Dissolution at no additional charge.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 924A00010531

RECEIVED

2024 MAY 15 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/13/2024

**\*\*WALK IN\*\***

ENTITY NAME SOUTH BEACH PLACE, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: 120160000072

*S. R. J. M.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTH BEACH PLACE, 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:

GRYSKA SOTOLONGO

\_\_\_\_\_  
(Name of Person)

THOMAS G. SHERMAN, P.A.

\_\_\_\_\_  
(Firm/Company)

90 ALMERIA AVENUE

\_\_\_\_\_  
(Address)

CORAL GABLES, FL 33134

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

GRYSKA SOTOLONGO

305

448-5898 EXT. 204

\_\_\_\_\_  
(Name of Person)

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**  
**2024 MAY 13 AM 9:25**  
SECRETARY OF STATE  
CORPORATE SERVICES

1. The name of a limited liability company is  
SOUTH BEACH PLACE, LLC
2. The Articles of Organization were filed on November 12, 2003 and assigned  
document number L03000043747
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).  
Completion of business purpose and sale of property and business  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

**Esther Percal**  
Digitally signed by Esther Percal  
DN: cn=Esther Percal, o, ou,  
email=esther@estherpercal.com, c=US  
Date: 2024.05.14 16:03:24 -04'00'

\_\_\_\_\_  
Signature

Esther Percal

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

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: SOUTH BEACH PLACE, LLC

Document number of Limited Liability Company is: L03000043747

Date of dissolution was: May 10, 2024

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

Completion of business purpose. Sale of property and business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

6330 Pinetree Dr Miami Beach, FL 33141

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

Esther Percal

Printed Name of the Person Filing

Esther Percal

Digitally signed by Esther Percal  
DN: cn=Esther Percal, o.ou,  
email=esther@estherpercal.com, c=US  
Date: 2024.05.10 12:25:05 -04:00

Signature of the Person Filing