

L040000028733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

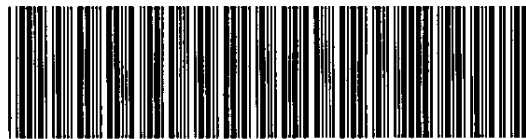
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/03/14--01060--001 **25.00

FILED
2014 MAR -3 P 5:09
BOSTON

B. BOSTICK

MAR - 5 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Briella Townhomes, 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:

Robert Stiegele
(Name of Person)

Briella Townhomes, LLC
(Firm/Company)

811 Coral Ridge Dr.
(Address)

Coral Springs, FL 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Stiegele at (954) 324-1738
(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**

1. The name of a limited liability company is

Briella Townhomes, LLC

2. The Articles of Organization were filed on 4/14/04 and assigned
document number LO4000028733

3. The delayed effective date the dissolution if not effective on the date of filing: _____

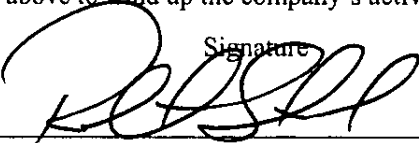
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Voluntary dissolution

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

Robert Stiegde
811 Coral Ridge Dr
Coral Springs, FL 33071

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


Printed Name

Robert Stiegde

FILING FEE: \$25.00

FILED
2004 APR 17 4 09 PM
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA