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Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003129653)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010 : (407)425-2747

LLC DISSOLUTION OR WITHDRAWAL 1208 BROAD STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

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COVER LETTER

	COLLIN	DETTER.		
	stration Section ion of Corporations		. t	
SUBJECT:	1208 BROAD STREET, LLC			
	(Name of Limited	Liability Company	y)	
The enclosed a	Articles of Dissolution and fee(s) are submitted	l for filing.		
Please return all correspondence concerning this matter to the following.				
	Joseph C. Wettach, Esq.			
(Name of Person)				
Zimmerman, Kiser & Sutcliffe, P.A.				
(F:rm/Company)				
	315 E. Robinson Street, Suite 600			
	(Ad	ldress)		
Orlando, Florida 32801				
	(City/State	and Z:p Code)		
For further information concerning this matter, please call.				
Emil	y Bautista, Corporate Paralegal	407 at (425-7010	
	(Name of Person)		le & Daytime Telephone Number)	
Enclosed is a ch	eck for the following amount			
\$25.6	OF:ling Fee and Certificate of Dissolution	☐ \$55 00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Regi Divi: P.O.	ng Address: stration Section sion of Corporations Box 6327 shassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

(((H24000312965 3)))

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	• •			
1208 BROAD STREET, LI	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	
. The Articles of Organizat	ion were filed on 4/19/200	4	_ and assigned	
document number L04000	0029992	_		
Note: If the date inserted in	ive date cambot be prior to or mo	e applicable statutory filing	upon filing document is received for filing) requirements, this date will not	
. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limit, (copy 605,0707 on back)	ed liability company's dis cover letter).	ssolution pursuant to section	
Cessation of Business Opera	tions			
i. If there are no members, cactivities and affairs:	enter the name and address		o wind up the company's	
	5405 POTOMAC AVE	NUE, N.W.	I SEI	
	WASHINGTON, DC 20	0016	<u>.</u> .	
. Signature of an authorized bove to wind up the compar	I person or if there are no in y's activities and affairs:	nembers, the signature of	the person appointed and lis	
wistopher R. Cooper		COOPER, CHRISTOPH	ER R, Manager	
Signature		Printed Name		

FILING FEE: \$25.00

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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: upon filing
Description of information that must be included in a written claim:
Description of claim and name and contact information of Claimant.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
5405 POTOMAC AVE. NW
WASHINGTON, DC 20016
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.
COOPER CHRISTOPHER R

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

Signature of the Person Filing

Printed Name of the Person Filing