

05/02/2014 11:02

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ADAMS GALLINER PA

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L04000048140

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I200000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

LLC DISSOLUTION OR WITHDRAWAL
MIAMI ALL SEASONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

14 MAY -2 PM 4:26

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2014 MAY -2 AM 7:58

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MAY - 5 2013

T. HAMPTON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI ALL SEASONS, 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:

Diane M. Hernandez

(Name of Person)

Adams Gallinar, P.A.

(Firm/Company)

1000 Brickell Avenue, Suite 300

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane M. Hernandez

(Name of Person)

305

at (

416-6800

(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

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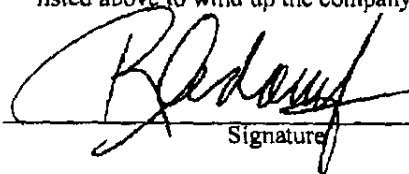
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
MIAMI ALL SEASONS, LLC
2. The Articles of Organization were filed on June 25, 2004 and assigned
document number L04000048140
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).
Sale of Asset

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:


Signature

Authorized Representative
Printed Name

FILING FEE: \$25.00

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