L04000054854

(Requestor's Name)		
(Address)		
(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





500207819235

09/21/11--01003--007 **65.00

09/81/11--01014--010 **35.00

2011 SEP 20 HIS 14
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

SEP 2 1 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2011

ALAN BENENSON 20801 BISCAYNE BLVD, SUITE 301 AVENTURA, FL 33180

SUBJECT: MAS MANAGEMENT - CORAL TRACE, L.L.C.

Ref. Number: L04000054854

We have received your document for MAS MANAGEMENT - CORAL TRACE, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 311A0002059

www.sunbiz.org

COVER LETTER

Division of Corporations	
SUBJECT: MAS Management Coral Trace LLC (Name of Limited Liability Company)	
(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:	
Alan Benenson	
(Name of Person)	
(Firm/Company)	
20801 Biscayne Blud Suite 301 Aventura FL 33180	
(Address)	
Aventura + C 35/80	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Name of Person) at (305) 512-1145 Pio E (Area Code & Daytime Telephone Number 5) = 1	
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:	ن درو
Enclosed is a check for the following amount:	
\$25.00 Filing Fee 30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314 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 HAS Management Cora	(Trace, LLC
<u> </u>	8 2005 and assigned document number
3. The date the dissolution was approved:	12011
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back covered to the form of the fo	d liability company's dissolution pursuant to section er letter).
OR-Adequate provision has been made for the de 6. All remaining property and assets have been distribute rights and interests. 7. CHECK ONE: There are no suits pending against the comparation of the c	nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421. ed among its members in accordance with their respective ny in any court. tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	Printed Name S
12h	Hichael Sher