L04000064325

(Req	uestor's Name)			
(Address)				
(Address)				
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
eff 3/30)/16			
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COVER LETTER

TO:

Registration Section Division of Corporations

Biscayne 1601 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:

Tam Le (Name of Person) **Tecport Optics** (Firm/Company) 6457 Hazeltine National Dr., Ste 140 (Address) Orlando, FL 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

Tam Le

321 217-5174

(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

Biscayne 1601 LLC	bility company is			
2. The Articles of Organizat	ion were filed on	and a	ssigned	
document number L04000	0064325			
Note: If the date inserted i	ive date carried be prior to or more	ive on the date of filing: 03/30, than 90 days later than date document oplicable statutory filing requirem f State's records.	i is received for titling)	
A description of occurren 605.0707, Florida Statutes No business transaction since	s, (copy 605.0707 on back co	l liability company's dissolution ver letter).	on pursuant to section	
If there are no members, of activities and affairs:	enter the name and address o Tam-Van Le	f the person appointed to wind	up the company's	
donvinos una arrano.	14269 Deljean Circle			
	Orlando, FL 32828			
5. Signature of an authorized isted above to wind up the c	d person or if there are no me company's activities and affa	embers, the signature of the periods:	16 7AE	
MUSV		Tam-Van Le	HAR	
Signature	FILING FE	Printed Name E: \$25.00	0 AM 7: 58 RY OF STATE SSEELFLORID	