## L040000 73014

(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



800137977508

11/17/08--01025--005 \*\*25.00

TIME NOV 21 P 2: 05
SECRETARY OF STATE

T. HAMPTON

NOV 24 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CCT: RADIUS 417 LLC
	(Name of Limited Liability Company)
	closed Articles of Dissolution and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JULIO C. DE LOS RIOS
	(Name of Person)
	DLR ACCOUNTING CORP
	(Firm/Company) 5743 HOLLYWOOD BLVD
	(Address)
	HOLLYWOOD, FL. 33021
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	JULIO C. DE LOS RIOS (954) 981-4696
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	d is a check for the following amount:
<b>√</b> \$25.0	O Filing Fee Scertificate of Status S55.00 Filing Fee Scertified Copy Certificate of Status Certified Copy (additional copy is enclosed) (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



RECEIVED

08 NOV 2.1 PM 1:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 18, 2008

JULIO C DE LOS RIOS DLR ACCOUNTING CORP 5743 HOLLYWOOD BLVD HOLLYWOOD, FL 33021

SUBJECT: RADIUS 417, LLC Ref. Number: L04000073014

We have received your document for RADIUS 417, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 808A00057612

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is RADIUS 417 LLC		SSEE, FLO	22 0	
2. The Articles of Organization were filed on 10/7/20 L04000073014	004	and assigned of	loculnent nu	mbe
3. The date the dissolution was approved: 10/31/200	)8	<u>.</u> .		
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	l liability company's diss	solution pursuar	nt to section	
THIS CORPORATION NEVER HAD	COMMERCIAL	TRANSA	CMOK.	<u>S</u>
5. CHECK ONE:				
✓ All debts, obligations and liabilities of the lim OR- Adequate provision has been made for the del		•	•	
6. All remaining property and assets have been distribute rights and interests.				
7. CHECK ONE:				
There are no suits pending against the compar-OR-Adequate provision has been made for the sat entered against it in any pending suit.	•	t, order or decre	ee which ma	y be
gnatures of the members having the same percentage of m	embership interests nece	ssary to approv	e the dissolu	ıtion:
Signature		Printed Name		
killen Jugel 1	HELENA	GONZALI	EZ	
	<del></del>			