

LD5000004987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

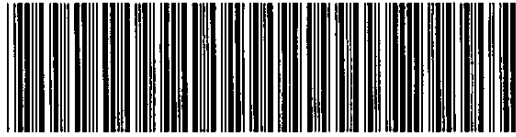
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/25/15--01016--006 **25.00

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SECRETARY OF STATE
JILL AHASSEFF, FLORIDA

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AUG 26 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2690 SW 22 STREET, 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:

M. Cristina Moreno, Esq.

(Name of Person)

Murai Wald Biondo & Moreno, P.A.

(Firm/Company)

1200 Ponce de Leon Blvd.

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Cristina Moreno

(Name of Person)

at (305) 444-0101

(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

1. The name of a limited liability company is
2690 SW 22 Street, LLC

2. The Articles of Organization were filed on January 18, 2005 and assigned
document number L0500004987

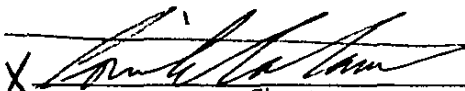
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 ALL ASSETS

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:

X 
Signature

TONI ALAM

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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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: 2690 SW 22 STREET, LLC

Document number of Limited Liability Company is: L05000004987

Date of dissolution was: DATE ARTICLES OF DISSOLUTION ARE FILED

Description of information that must be included in a written claim:

Name and Contact Information of Person Making Claim

Amount of Claim

Invoice or Contract for Goods or Services

Other Basis of Claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

M. Cristina Moreno, Esq.

Murai Wald Biondo & Moreno, P.A.

1200 Ponce de Leon Blvd.

Coral Gables, FL 33134

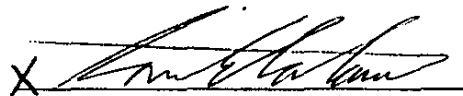
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Toni Alam

Printed Name of the Person Filing

X 

Signature of the Person Filing

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