

L05000074121

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

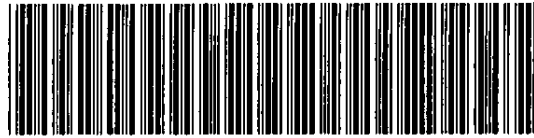
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 DEC 21 PM 2:10  
SUFFICIENCY OF FILING

FILED  
2016 DEC 21 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC 23 2016

Date: 12/22/2016

Account #: I20000000088

Name: Marisa Kugelmann

Reference #: T007266

ENTITY NAME: MINTO LAS OLAS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: \_\_\_\_\_

\* Please retain  
original file date \*

Authorized Amount: \$25.00 (paid 12/22/2016)

Signature: MKug

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2016 DEC 21 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
MINTO LAS OLAS, LLC

2. The Articles of Organization were filed on July 27, 2005 and assigned  
document number L05000074121

3. The delayed effective date the dissolution if not effective on the date of filing: Upon 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).  
The voluntary dissolution of the limited liability company by written consent of the board of  
managers and the sole member dated December 21st, 2016.

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:

Michael J. Belmont  
Signature

Michael J. Belmont, Authorized Person  
Printed Name

FILING FEE: \$25.00