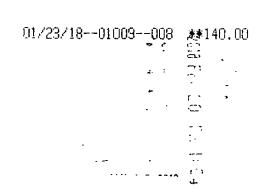
10500097283

(1	Requestor's Name)			
(,	Address)			
(,	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



300307939363



0

LEB? O TOTAL PRIS

COVER LETTER

TO: Registration Section

Division of Corporations Notice of Limited Liability Company Dissolution - Pineapple Plaza Associates, LLC **SUBJECT:** L05000097283 The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott D. Lehman, Esquire (Name of Contact Person) Eisenberg Lehman, PLLC (Firm/Company) 255 Aragon Avenue, 2nd Floor (Address) Coral Gables, Florida 33134 (City/State and Zip Code) For further information concerning this matter, please call: Scott D. Lehman, Esquire at (786) 709-9323 (Name of Contact Person) (Davtime Telephone Number) Enclosed is a check for the following amount: ■\$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



January 24, 2018

SCOTT D LEHMAN EISENBERT LEHMAN, PLLC 255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES, FL 33134

SUBJECT: PINEAPPLE PLAZA ASSOCIATES, LLC

Ref. Number: L05000097283

We have received your document for PINEAPPLE PLAZA ASSOCIATES, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00001563

RECEIVED 20 2018

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited li	ability company is			
Pineapple Plaza Associate	s, LLC			
2. The Articles of Organiza	ation were filed on 10/03	/2005 au	nd assigned	
document number L0500	00097283			
(effective Note: If the date inserted	ctive date cannot be prior to or	effective on the date of filing:	iment is received for irements, this dat	or filing) se will not b
4. A description of occurre 605.0707, Florida Statuto	ence that resulted in the leas, (copy 605,0707 on ba	imited liability company's disso ick cover letter).	lution pursuant	to section
No longer pursuing the pur	pose for which it was create	ed.		
	enter the name and addi	ress of the person appointed to v	vind up the con	ppany's
activities and affairs:		•	•	-,
	Eisenberg Lehman, F	PLLC		<u> </u>
	255 Aragon Avenu, 1	2nd Floor		- <u>··</u>
	Coral Gables, Florida	a 33134		
6. Signature of an authoriz	ed person or if there are company's activities and	no members, the signature of the daffairs:	e person appoin	ited and
Sun Edha	<u>ll</u>	Scott D. Lehman		
Signature		Printed Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: Pineapple Plaza Associates, LL	_C
Document number of Limited Liability Company is: L05000097283	
Date of dissolution was: December 31, 2017	
Description of information that must be included in a written claim:	
Claimant, Claim Amount, Description of Goods or	
Services Provided, Date(s) Good or Services Prov	vided
	E.
	<u> </u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	·
Eisenberg Lehman, PLLC	.
255 Aragon Avenue	· = .
2nd Floor	
Coral Gables, Florida 33134	
A claim against the above named limited liability company will be barred unless a proceeding to enf commenced within 4 years after the filing of this notice.	orce the claim is
Scott D. Lehman Will All	L
Printed Name of the Person Filing Signature of the Person Filin	ıg

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