

W5000104087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

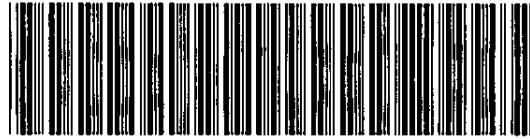
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

JAN 20 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DICKENS 7500, 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:

EDWARD H. BARLETTA
(Name of Person)

DICKENS 7500, LLC
(Firm/Company)

1605 BAY DRIVE
(Address)

MIAMI BEACH, FLORIDA 33141
(City/State and Zip Code)

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For further information concerning this matter, please call:

EDWARD H. BARLETTA at (305) 615-9510
(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**

1. The name of a limited liability company is
DICKENS 7500, LLC

2. The Articles of Organization were filed on 11-02-2005 and assigned
document number L05000106687

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)

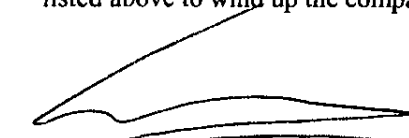
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
THE MEMBERS OF THE COMPANY HAVE UNANIMOUSLY CONSENTED TO
DISSOLVE THE COMPANY.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: EDWARD H. BARLETTA
1605 BAY DRIVE
MIAMI BEACH, FLORIDA 33141

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:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Signature

EDWARD H. BARLETTA
Printed Name

FILING FEE: \$25.00