06-16-2015

Page 1 of 1

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000146490 3)))



H150001484903ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP

Account Name : AVILA RODRIGI Account Number : I20070000136

Phone :

: (786)594-4102

Fax Number

: (786) 664-3375

5 JUN 16 PH 3: 2. Ecretan, of Stati Llanassee, florie

## LLC DISSOLUTION OR WITHDRAWAL 1700 MEDICAL LANE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

15 JUN 16 AM 7: 59
LICAHASSEE FLORIDA
Helpe

JUN 1 7 2015

J SHIVERS

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited li	ability company is 1700 Medical Lane LLC	
The Articles of Organiz	ation were filed on June 30, 2006	and assigned
document number L060	00066616	
(effe Note: If the date inserted	ate the dissolution if not effective on ctive date cannot be prior to or more than 90 if in this block does not meet the applical effective date on the Department of State	days later than date document is received for filing) the statutory filing requirements, this date will not be
A description of occurr 605.0707, Florida Statut Member consent to dissolu	es, (copy 605.0707 on back cover le	lity company's dissolution pursuant to section tter).
tatemost consent to disson	140n	
If there are no members activities and affairs:	s, enter the name and address of the p	person appointed to wind up the company's
	2525 Ponce de Leon Bivd.	<i>≥</i> ∞ -
	Suite 1225	CRE LAH
	Corni Gables, FL 33134	ASSI
Signature of an authori	red person or if there are no member	s, the signature of the person appointed and
	7	0RA <b>5</b>
W +	Alexo	ander F. Fox
Signatu	re	Printed Name

FILING FEE: \$25.00