

LD7000013016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

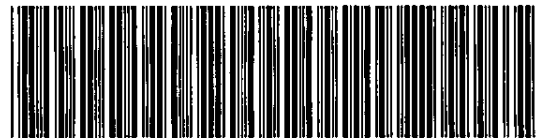
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAR 26 2014
D. BRUCE

March 24, 2014

TO: Florida Department of State
Registration Section
Division of Corporations

Attn: Deborah Bruce

FROM: William T. Quinn

SUBJECT: Dissolution of Center Moriches Properties LLC

REFERENCE: Letter Number 514A00005615

In response to your March 14, 2014 correspondence, I am attaching the following as you requested:

- Florida Department of State March 14, 2014 Letter
- Completed Cover Letter
- Completed Articles of Dissolution for Limited Liability Company
- Partners signed Articles of Dissolution for Center Moriches Properties LLC document number L07000013016 including postal receipts for dates documents mailed and received

My mailing address is as follows:

- William T. Quinn
27 Santa Monica Way
San Francisco, CA 94127
Phone Number: 415-661-5639

Thank you.

William T. Quinn
General Manager
Center Moriches Properties LLC

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2014

WILLIAM T. QUINN
27 SANTA MONICA WAY
SAN FRANCISCO, CA 94127

SUBJECT: CENTER MORICHES PROPERTIES LLC
Ref. Number: L07000013016

We have received your document for CENTER MORICHES PROPERTIES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 514A00005615

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTER MORICHES PROPERTIES 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:

WILLIAM T. QUINN GENERAL MANAGER
(Name of Person)

CENTER MORICHES PROPERTIES LLC
(Firm/Company)

27 SANTA MONICA WAY
(Address)

SAN FRANCISCO, CA 94127
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM T. QUINN at (415) 661-5639
(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)

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TALLHASSEE, FLORIDA
DEPARTMENT OF STATE

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

CENTER MORICHES PROPERTIES LLC

2. The Articles of Organization were filed on FEBRUARY 5, 2007 and assigned

document number L07000013016

3. The delayed effective date the dissolution if not effective on the date of filing: MARCH 10, 2014
(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 PROPERTY WHICH WAS HELD IN THE LLC HAS BEEN
SOLD AND THEREFORE THE LLC IS NO LONGER
NECESSARY

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:

William T. Quinn
Signature

WILLIAM T. QUINN
Printed Name

FILING FEE: \$25.00

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STATE OF FLORIDA
TALLAHASSEE

FILED