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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

14 FEB 10 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC DISSOLUTION OR WITHDRAWAL MIAMI ALL SEASONS PH3C, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami All Seasons PH3C, 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:

Diane M. Hernandez

(Name of Person)

Adams Gallinar, P.A.

(Firm/Company)

1000 Brickell Avenue, Suite 300

(Address)

Miami, Florida 33131

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Diane M. Hernandez

(Name of Person)

at (305) 416-6800

(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Miami All Seasons PH3C, LLC
2. The Articles of Organization were filed on May 31, 2007 and assigned
document number L07000057780
3. The delayed effective date the dissolution if not effective on the date of 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).
Written consent of all of the members of the limited liability 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: _____
- _____
- _____
- _____

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:

Signature


Printed Name
Robert R. Adams Esq.
Auth. Representative

FILING FEE: \$25.00

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