

LO80000006040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

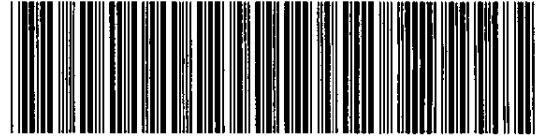
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/15/14--01023--019 **25.00

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2014 SEP 15 AM 10:50
TAL LAHASSER FLORIDA

SEP 18 2014
A. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRICKELL C 2411, 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:

ALVARO CASTILLO
(Name of Person)
CASTILLO & ASSOCIATES
(Firm/Company)
1390 BRICKELL AVENUE SUITE 200
(Address)
MIAMI, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

ALVARO CASTILLO at (305) 371-5540
(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:

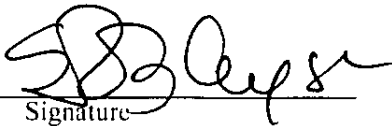
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL
SECRETARY OF STATE

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

1. The name of a limited liability company is
BRICKELL C 2411, LLC
2. The Articles of Organization were filed on 01/16/2008 and assigned
document number L08000006040
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).
Company is no longer in Business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: By unanimous resolution of Managers and Members.

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

SABRINA BLUFSTEIN
Printed Name
MANAGER

FILING FEE: \$25.00

2011 SEP 15 AM 10:50
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED