L0800031830

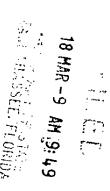
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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MAR 1 2 2018 Y SULKER

COVER LETTER

SUBJECT: GINNAMON COVE The enclosed Articles of Dissolution and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALL FLORIDA PROPERTIES, I (Firm/Company) For further information concerning this matter, please call: 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:

TO:

Registration Section
Division of Corporations

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
CINNAMON COVE APARTMENTS PHASE II LLC.
2. The Articles of Organization were filed on 3282008 and assigned
document number <u>L08000031830</u>
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
COMMERCIAL PROPERTY-SOLD ON 12/28/2017
NO FURTHER USE FOR THIS LLC
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: JUDITH MAIOKANI
1071 PORT MALABAR BLUD. NE #200
PALM BAY, FL 32905
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:
Julita MAIORANI
Signature Printed Name
/ FILING FEE: \$25.00