L08000056357

(Re	equestor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Bu	isiness Entity Nan	ne)						
(Document Number)								
Certified Copies	Certificates	of Status						
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SECRETARY OF STATE

SEP 1 5 2015

S MASON

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Kane Realty Advisors, 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:

Monte Kane
(Name of Person)
(Firm/Company)
1221 Brickell Avenue, Suite 800
(Address)
Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Monte Kane

_{...}305

793-7746

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liabil Kane Realty Advisors, LLC	ity company is					•		
2.	The Articles of Organization	ı were filed on <u>Ju</u>	ne 8, 200	8	and	l assigned			
	document number L0800005	66257							
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 no listed as the document's effective date on the Department of State's records.								
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the	ne limited	d liability cover letter).	ompany's dissolu	tion pursua	ant to section		
		No :	B01.	NELL	CONDVITE	ਤ			
						<u></u>			
							 		
5.	If there are no members, ent	er the name and a	iddress o	f the person	n appointed to wi	nd up the c	ompany's		
	activities and affairs:	Monte Kane							
		1221 Brickell Av	1221 Brickell Avenue, Suite 800						
		Miami, FL 33131					··		
6. lis	Signature of an authorized p ted above to wind up the con	person or if there an apany's activities	are no mand affa	embers, the	signature of the	person appo	ointed and		
	1 one	<u> </u>		Monte Kane	e				
	Signature				Printed Nan	ne SE	2015		

FILING FEE: \$25.00

PILED
2015 SEP IN P 1: 24
SECRETARY OF STATE