

LD8000091635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

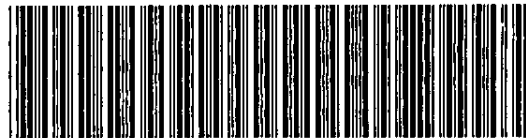
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/22/12--01010--001 \*\*25.00

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12 APR -6 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 09 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2012

ROBIN RICE  
4455 NORTH MERIDIAN AVE  
MIAMI BEACH, FL 33140

SUBJECT: GROVE OFFICE PLAZA LLC  
Ref. Number: L08000091635

We have received your document for GROVE OFFICE PLAZA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

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: 312A00010084

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12 APR -6 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grove Office Plaza 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:

Robin Rice

(Name of Person)

Grove Office Plaza LLC

(Firm/Company)

4455 North Meridian Avenue

(Address)

Miami Beach, FL 33140

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robin Rice

(Name of Person)

at ( 305 ) 538-5818

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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**

1. The name of a limited liability company is

Grove Office Plaza LLC

2. The Articles of Organization were filed on 09/25/2008 and assigned document number L08000091635

3. The date the dissolution was approved: 03/20/12

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

The company is no longer operational. All members have been removed.

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.


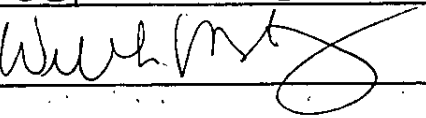
7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Robin Rice

Wilberto Martinez

**FILING FEE: \$25.00**

**FILED**  
12 APR -6 PM 2:11  
CLERK OF COUNTY  
TALLAHASSEE, FLORIDA