

208000093304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

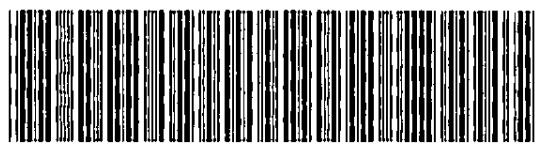
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300321420583

12/07/18--01020--014 **25.00

FILED

2018 DEC - 7 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FL

ITS
12-14-18

RothBlair

Roth Blair Roberts Strasfeld & Lodge

ATTORNEYS AT LAW

One City Center Plaza
Columbiana Office
Columbiana, Mississippi 39201
Phone: 662.322.1100
Fax: 662.322.1104

December 3, 2018

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

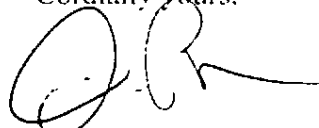
RE: *14026 Beach BLVD LLC*
Doc. #L08000093304

To Whom It May Concern:

Enclosed for filing are an original and one copy of a Cover Letter, Articles of Dissolution for a Limited Liability Company, and Notice of Limited Liability Company Dissolution. Also enclosed is a check in the amount of \$25.00 representing your filing fee.

Please feel free to contact me if you have any questions.

Cordially yours,



JOSEPH C. BISHARA, ESQ.

cc: Henry DiRienzo

JCB:kr

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 14026 Beach BLVD 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:

Joseph C. Bishara, Esq.

(Name of Person)

Roth, Blair, Roberts, Strasfeld & Lodge

(Firm/Company)

100 East Federal Street, Suite 600

(Address)

Youngstown, OH 44503

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph C. Bishara, Esq. at (330) 744-5211

(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

FILED

2018 DEC -7 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

14026 Beach BLVD LLC

2. The Articles of Organization were filed on October 1, 2008 and assigned

document number L08000093304

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

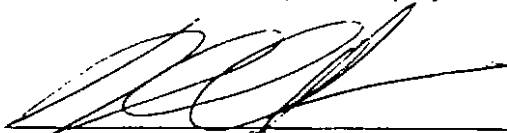
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The limited liability company is dissolved pursuant to the consent of its sole member. Section 605.0701(2).

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

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

Henry DiRienzo

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: 14026 Beach BLVD LLC

Document number of Limited Liability Company is: L08000093304

Date of dissolution was: Upon approval by the Department of State of Florida _____

Description of information that must be included in a written claim:

In the written claim, state: (1) the name of the claimant; (2)
the amount of the claim; (3) the nature of the claim; (4) identify
an invoice or other document associated with the claim; and
(5) any other information necessary to allow the company to
identify the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Attention: Henry DiRienzo

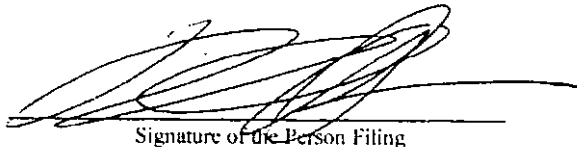
926 Boardman-Poland Road

Boardman, OH 44512

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Henry DiRienzo

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00