L0900018390

(Re	equestor's Name)	·			
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K. SALY FEB - 8 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2017

ALEXANDRA RESTREPO OSORIO 5720 CARNEGIE BLVD, APT. 2103 CHARLOTTE, NC 28209

SUBJECT: HOLE VIEW, LLC Ref. Number: L09000018390

We have received your document for HOLE VIEW, LLC and your check (s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00000298

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: HOLE VIEW, 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:						
ALEXANDRA RESTREPO OSORIO (Name of Person)						
(mane of t elison)						
(Firm/Company)						
5720 CARNEGIE BLUD, APT 2103 (Address)						
CHARLOTTE, NC 28209 (City/State and Zip Code)						
For further information concerning this matter, please call:						
ALEXANDRA RESTRESO OSORIO at (407) 697 2353 (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

A LIMITED LIABILITY COMPANY			F	11 ~	
1. The name of a limited liability	y company is		2017 550	TLED TRANSPORT	
HOLE VIEW	LLC	 	- ASSESSED -	-7 PM DO	
2. The Articles of Organization			and assigned	TOF STATE EE, FLORIOA	
document number <u>LØ9Ø</u>	ØØØ1839 <i>Ø</i>				
3. The delayed effective date the (effective do Note: If the date inserted in this listed as the document's effective date.	s block does not meet the appile	cable statutory filing re	12/31/2016 ocument is received for f quirements, this date v	G iling) vill not be	
4. A description of occurrence the 605.0707, Florida Statutes, (co	hat resulted in the limited lia opy 605.0707 on back cover	bility company's dis letter).	solution pursuant to	section	
DISSOLUTION BY AGREEMENT					
5. If there are no members, enter activities and affairs:	the name and address of the	e person appointed to	wind up the compa	ny's	
				,	
		•			
					
		<u> </u>			
6. Signature of an authorized per listed above to wind up the comp	rson or if there are no memb any's activities and affairs:	ers, the signature of	the person appointed	d and	
Destress	A	ITEMADEA RO	emen oud	'//1	
Signature		LEXANDKA KE Printed I	Name FKA VA	SILCAKOUA	

FILING FEE: \$25.00