

209 0000 49197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

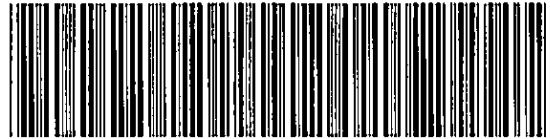
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/29/20--01018--004 **25.00

20 APR 29 AM 9:46

MAY 15 2020
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 450 W 17 STREET LLC

(Name of Limited Liability Company)

20 APR 29 11:49:46

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONALD M. ALLISON, ESQUIRE

(Name of Person)

GRANER PLATZEK & ALLISON, P.A.

(Firm/Company)

1699 SOUTH FEDERAL HIGHWAY, SUITE 300

(Address)

BOCA RATON, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

ZANDRA VANN

(Name of Person)

561

750-2445

at (_____) _____

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

20 APR 23 AM 9:46

1. The name of a limited liability company is

450 W 17 STREET LLC

2. The Articles of Organization were filed on 05/18/2009 and assigned

document number L09000048197

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)

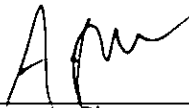
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Consent of all members of the company

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

Ali Onur

Printed Name

FILING FEE: \$25.00