## L09000064188

(Requestor's Name)			
(Address)			
(644)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Littly Name)			
(Document Number)			
Certified Copies Certificates of Status			
<u> </u>			
Special Instructions to Filing Officer:			

Office Use Only



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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: CONGE	RESS HOTEL ON OCEAN D	RIVE, L.L.C.	
DOCUMENT NU	L09000064188 MBER:		
The enclosed Notic	e of Limited Liability C	Company Dissolution and	fee are submitted for filing.
Please return all correspondence concerning this matter to the following:			ng:
Julio Ramirez			
	(Name of C	Contact Person)	F : 2: 46
	(Firm	/Company)	
2412 SW 164th AVE			
	(Ad	ldress)	
Miramar Florida 33027	7		
	(City/Stat	e and Zip Code)	
For further informa	tion concerning this mate	ter, please call:	
Julio Ramirez		at ( <sup>786</sup> ) <sup>253 9</sup>	0657
(Name o	f Contact Person)	(Area Code) (	Daytime Telephone Number)
Enclosed is a check	for the following amour	nt:	
■\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S60 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 Address Registration S Division of Co The Centre of 2415 N. Monr	ection orporations

Tallahassee, FL 32303

CR2E142 (2/14)

## Notice of Limited Liability Company Dissolution

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: CONGRESS HOTEL ON O	CEAN DRIVE, L.L.C.
Document number of Limited Liability Company is: 1.09000064	188
Date of dissolution was: 06/21/2023	
Description of information that must be included in a written ela	aim:
	207:
	2003 D.21
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Mailing address where claims can be sent: (Claims cannot be se	nt to the Division of Corporations)
1052 Ocean Drive	
Miami Beach	
Florida 33139	
A claim against the above named limited liability company will commenced within 4 years after the filing of this notice.	be barred unless a proceeding to enforce the claim is
Julio Ramirez	
Printed Name of the Person Filing	- Art Ar
France Same of the Leison Linnig	Signature of the Person Filing