109000081123

	<u></u>	
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

K. SALY JAN 22 2018

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Registration Section Division of Corporations

Tallahassee, FL 32314

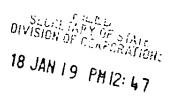
TO:

SUBJECT: 225 W. 35 ST. LLC (Name of Limited Liability Company)					
(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:					
Karen Kameron (Name of Person)					
Taren Tameron					
(Name of Person)					
Minor Consutant					
(Firm/Company)					
9704 Carous Circle North					
(Address)					
Buca Raton Fla 33434 (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Karen Kameron at (56), 251-9412 (Name of Person) (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25,00 Filing Fee and Certificate of Dissolution \$255,00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
Certified Copy (additional copy is enclosed)					
* *					
MAILING ADDRESS: STREET/COURIER ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liabilit	y company is		.,,
225 W 35	5 ST. LLC	<u> </u>	
2. The Articles of Organization	•		_ and assigned
document number <u>L09</u>	000081123	_	
3. The delayed effective date th (effective date) Note: If the date inserted in the listed as the document's effection	is block does not meet the	applicable statutory liling	g: 1231 T document is received for filing) requirements, this date will not b
4. A description of occurrence t 605.0707, Florida Statutes, (c	opy 605.0707 on back o	cover letter).	
The consen	+ of all the	e members	·
5. If there are no members, ente	or the name and address	of the person appointed	to wind up the company's
activities and affairs:	Title hame and dedress	of the person appointed	to white op the company o
activites and artars.			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
 Signature of an authorized polisted above to wind up the com 	erson or if there are no r pany's activities and af	nembers, the signature of	of the person appointed and
Kara Kamer	in	Koren Ka	meron
Signature		Printe	a Name

FILING FEE: \$25.00