

104000094352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FEB 23 2015
BRUCH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9464 NW 52 DORAL, 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:

FRANK R. PUENTES

(Name of Person)

9464 NW 52 DORAL, LLC

(Firm/Company)

8950 NW 27 ST

(Address)

DORAL, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK R. PUENTES

(Name of Person)

305

321-6069

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE OF FLORIDA
TALLAHASSEE

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

1. The name of a limited liability company is

9464 NW 52 DORAL, LLC

2. The Articles of Organization were filed on 09/30/2009 and assigned

document number L09000094352

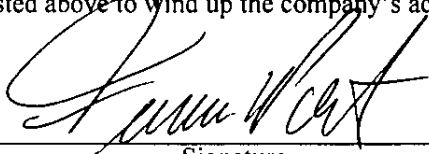
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

business purpose of the LLC is completed

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

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

FRANK R. PUENTES

Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA

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