

LO9000 113 290

(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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12/11/19--01011--013 **25.00

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SECRETARY OF STATE
CORPORATION
12/11/19 11:01

Notice of Dissolution

DEC 27 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manhattan Florida Properties No. 1, LLC

DOCUMENT NUMBER: 1.09000113290

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emma Lastra

(Name of Contact Person)

Weissman & Dervishi, P.A.

(Firm/Company)

One Southeast Third Avenue, Suite 1700

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Emma Lastra

at (305)

347-4070

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

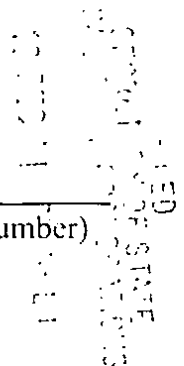
☐ \$60 Filing Fee,
Certificate of Status & Certified
Copy (Additional copy
is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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



Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: Manhattan Florida Properties No. 1, LLC

Document number of Limited Liability Company is: L09000113290

Date of dissolution was: 12/10/2019

Description of information that must be included in a written claim:

1.Name, Address, Telephone Number, Email Address Of Claimant;

2.Amount of Claim;

3.Basis for Claim and Date/Dates On Which Claim Is Based; and

4.Supporting Documents Evidencing the Amount of the Claim & the Obligation for Payment of Same

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Brian S. Dervishi, Esq.

Weissman & Dervishi, P.A.

One Southeast Third Avenue, Suite 1700

Miami, FL 33131

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Brian S. Dervishi, Esq.

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00