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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	NEIMAN & INTERIAN,	PLLC
Account Number	:	120180000010	
Phone	:	(305)530-9400	
Fax Number	:	(305)530-9409	

LLC DISSOLUTION OR WITHDRAWAL

HOLLYWOOD STATION 533, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

2022 HAY 18 PH 3: 21

Electronic Filing Menu

Corporate Filing Menu

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		22000177573 3))) R LETTER		-
	stration Section sion of Corporations		•	
SUBJECT:	HOLLYWOOD STATION 533, LLC			
GEDGECT.	(Name of Limit	ed Liability Compar	ay)	-
The enclosed	Articles of Dissolution and fee(s) are submit	ted for filing.		
Piease return	all correspondence concerning this matter to	the following:		
	ALBERTO INTERIAN, ESQ.			
	(Nai	me of Person)		
	NEIMAN & INTERIAN, PLLC			
(Firm/Company)				
	2020 PONCE DE LEON BOULEVARI	, SUITE 1005B		
	· · · · · · · · · · · · · · · · · · ·	(Address)		
	CORAL GABLES, FLORIDA 33134			
	(City/SU	ate and Zip Code)		
For further in	formation concerning this matter, please call	Ŀ		
۸L	BERTO INTERIAN, ESQ.	305 at (530-94 00	
	(Name of Person)	(Area Co	ode & Daytime Telephone Number)	_
Enclosed is a	theok for the following amount:			
□ \$25	00 Filing Fee and Certificate of Dissolution	-	r Fee, Certificate of Dissolution & Copy (additional copy is enclosed)	
	Ung Address: gistration Section	Street Address Registration		
Div	vision of Corporations	Division of (Corporations	
). Box 6327 Jahassee, FL 32314		of Tallahassee nroe Street, Suite 810	
18	181825CC, FL JZJ 14	Tallahassee,		

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	
	HOLLYWOOD STATION 533, LLC	

2. The Articles of Organization were filed on _____and assigned

document number _____

 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).

All of the Members unanimously consented to the dissolution of the company.

5. If there are no members, eater 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

Juan Esteban Franco Printed Name

FILING FEE: \$25.00

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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 Lizbility Company:________

Document number of Limited Liability Company is:

Date of dissolution was: May 18, 2022

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

Detailed description of claim together with proof of claim

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

c/o ILAMAP Worldwide Limited

Trident Trust Company (B.V.I.) Limited

Trident Chambers, P.O. Box 146, Wickhams Cay

Road Town, Tortola, BritishVirgin Islands

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.

Juan	Esteban	Franco
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Printed Name of the Person Filing

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