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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
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2017 JAN 30 PM 3= 36

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K. SALY FEB -1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

CARMEL HEIGHTS HOLDINGS LLC

SUBJECT:

(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:

GUY SHARON	
(Name of Person)	
(Firm/Company)	<u>.</u>
20900 NE 30TH AVE 514	
(Address)	
AVENTURA, FL, 33180	
(City/State and Zip Code)	

For further information concerning this matter, please call:

GUY SHARON

305

7784304

(Name of Person)

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
JAN 30
PH 3: 36 PALLAHASSEE, FLORIDA
FLORIDA

1.	The name of a limited liabilit CARMEL HEIGHTS HOLDIN	• • •		
2.	The Articles of Organization	were filed on 4/23/10	an	d assigned
	document number L1000004			
3.	The delayed effective date th (effective d Note: If the date inserted in the listed as the document's effective date.	is block does not meet the appl	licable statutory filing requi	/25/2017 nent is received for filing) rements, this date will not b
	A description of occurrence t 605.0707, Florida Statutes, (c COMPANY NOT ACTIVE AN	opy 605.0707 on back cove	ability company's dissol r letter).	ution pursuant to section
5.	If there are no members, ente activities and affairs:	r the name and address of the	he person appointed to w	ind up the company's
6. lis	Signature of an authorized pe ted above to wind up the com	rson or if there are no mem pany's activities and affairs	bers, the signature of the	person appointed and
	Signature		GUY Printed Nai	Stincol

FILING FEE: \$25.00