

L10000059743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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FILED  
2014 MAY 23 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUN 3 - 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WILLIAMS ISLAND 2802, 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:

JOAQUIN E. ORIOL

(Name of Person)

(Firm/Company)

7865 NW 46TH. STREET

(Address)

MIAMI, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

JOAQUIN E. ORIOL

(Name of Person)

786

at ( )

200-0312

(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

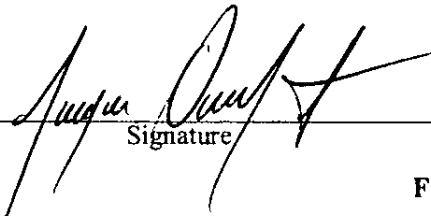
ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2011 MAY 23 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
WILLIAMS ISLAND 2802, LLC
2. The Articles of Organization were filed on JUNE 03, 2010 and assigned  
document number L10000059743
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).  
LIMITED LIABILITY COMPANY DOES NOT HAVE OPERATIONS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

JOAQUIN E. ORIOL, MEMBER  
Printed Name

FILING FEE: \$25.00