

L16 000 676289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

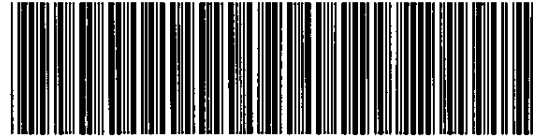
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT 21 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Silvers OCT 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LNR 16th Street, 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:

Madelyn Ocasio
(Name of Person)
LNR 16th Street, LLC
(Firm/Company)
1601 Washington Avenue, Suite 800
(Address)
Miami Beach, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Madelyn Ocasio at (305) 695-5705
(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**

1. The name of a limited liability company is

LNR 16th Street, LLC

2. The Articles of Organization were filed on 8/20/1998 and assigned

document number L10000076285

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).

The limited liability company ceased transacting business and is not intended to be engaged in any further

business.

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

Leisure Colony Management LLC, its sole member

Steven. A. Rivers, Vice President

Printed Name

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TALLAHASSEE, FLORIDA
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FILING FEE: \$25.00