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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number : **120180000017**Phone : (305)340-2000
Fax Number : (786)953-6246

LLC DISSOLUTION OR WITHDRAWAL SAN DIEGO REAL ESTATE INVESTMENT, LLC

Certificate of Status	0
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: SAN DIEGO REAL ESTATE INVESTMENT, 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:

ALEX ORTIZ, CPA

(Name of Person)

E ALEX ORTIZ, CPA, PA

2727 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

Enclosed is a check for the following amount:

S25.00 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 liabili	ty company is			ر ان
SAN DIEGO REAL ESTATE	INVESTMENT, LLC			9
2. The Articles of Organization	were filed on08/23/2	2010	and assigned	
document number L100800S	7931	<u>· </u>		
The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date.	is block does not meet the	ere uran yu daya ister then	filing: date document is received for ling requirements, this date	: Ming) : will no
4. A description of occurrence to 605.0707, Florida Statutes, (c	that resulted in the lim opy 605.0707 on back	ited liability company cover letter).	's dissolution pursuant t	o secti
(c) Unless otherwise provided in	the articles of organizat	ion or operating agreem	ent, upon the written conse	ent of
5. If there are no members, ente activities and affairs:	r the name and addres	s of the person appoir	ated to wind up the comp	pany's
6. Signature of an authorized polisted above to wind up the com	erson or if there are no pany's activities and a	members, the signatu	ire of the person appoint	ed and
Belgen		MARCIE UNION I		
Signature	BIL INC		inted Name	_
<i>j</i>	PHLING	FEE: \$25.00		