

L100 000 89505

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000123092 3)))



H190001230923ABC.

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 : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227

LLC DISSOLUTION OR WITHDRAWAL 4401 SANTA MARIA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2019 APR 15 PM 10:32

2019 APR 15 AM 8:07
FILED
TALLAHASSEE, FLORIDA

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

(P)

115
11-16-19

FAX AUDIT NO.: H19000123092 3

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

4401 SANTA MARIA LLC

2. The Articles of Organization were filed on August 25, 2010 and assigned

document number L10000089505

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

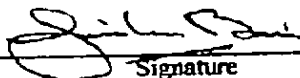
Pursuant to the occurrence of an event described in s. 605.0701(1)-(3), the LLC shall deliver for filing articles of

dissolution as provided in this section. The dissolution of the LLC was approved by its sole member and its

activities and affairs must be wound up.

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

Jose Miguel Baez, its Manager

Printed Name

FILING FEE: \$25.00

FAX AUDIT NO.: H19000123092 3

FILED
APR 15 AM 8:11
TALLAHASSEE
FLORIDA
STATE DEPARTMENT OF REVENUE

FAX AUDIT NO.: H19000123092 3

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 Liability Company: 4401 SANTA MARIA LLC

Document number of Limited Liability Company is: L10000089505

Date of dissolution was: _____

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

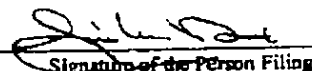
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

153 SEVILLA AVENUE
CORAL GABLES, FL 33134

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.

Jose Miguel Baez, its Manager

Printed Name of the Person Filing


Signature of the Person Filing

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

FAX AUDIT NO.: H19000123092 3

2019 APR 15 AM 8:07
FILED
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE