

211000000 4711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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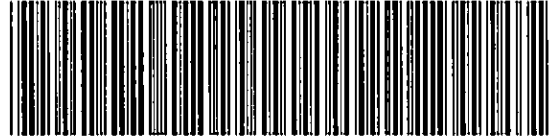
(Business Entity Name)

(Document Number)

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04/29/20--01019--007 \*\*25.00

20 APR 29 AM 9:47

MAY 15 2020  
C McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 450 WEST 17 STREET # 1215 LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

20 APR 29 AM 9:47

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONALD M. ALLISON, ESQUIRE

\_\_\_\_\_  
(Name of Person)

GRANER PLATZEK & ALLISON, P.A.

\_\_\_\_\_  
(Firm/Company)

1699 SOUTH FEDERAL HIGHWAY, SUITE 300

\_\_\_\_\_  
(Address)

BOCA RATON, FL 33432

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ZANDRA VANN

\_\_\_\_\_  
(Name of Person)

561

750-2445

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

20 APR 29 AM 9:47

1. The name of a limited liability company is

450 WEST 17 STREET # 1215 LLC

2. The Articles of Organization were filed on 01/12/2011 and assigned

document number L11000004711

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)

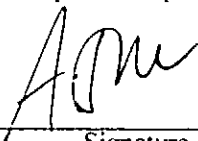
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Consent of all members of the company

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

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

Ali Onur

Printed Name

**FILING FEE: \$25.00**