Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-084\$

LLC DISSOLUTION OR WITHDRAWAL MIAMI SECOND LEASECO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	tration Section on of Corporations				
SUBJECT:	MAMUSECOND LEASECO, LLC				
	(Name of Limited	Liability Compan	у)		A44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
The enclosed A	Articles of Dissolution and fee(s) are submitted	for filing.			
Please return a	ll correspondence-concerning this matter to the	following:			
	Cora DiFiore		·		
*	(Name o	of Person)		Marie - Service - Servic	
· · · · · · · · · · · · · · · · · · ·	(Fim/C) 1 Town Center Rd Ste 600	ompany)			
	(Add Boca Raton, FL 33486	dress)			
	(City/State a	ind Zip Code)			
For further info	ormation concerning this matter, please call:			:	
Cora	DiFiore	. 561 at (961- 10 007	1312	
	(Name of Person)	(Area Coo	lo & Daytime Telep	hone Number)
Enclosed is a che	eck for the following amount:				
■ 525.00	Filing Fee and Certificate of Dissolution	S55,00 Filing Certified Co	Fee, Centificate of I py (additional copy	Dissolution & 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

	limited liability company is		
MIAMI SECON	ND LEASECO, LLC		
2. The Articles of	Organization were filed on 03/14/20	1)	and assigned
document-num	her L11000031168	mar .	
Note: If the day	Tective date the dissolution if not effe- teffective date cannot be prior to or more te inserted in this block does not meet the cument's effective date on the Department	e than 90 days later than date do applicable statutory filing re	ocument is received for filing)
4. A description o	of occurrence that resulted in the limit da. Statutes, (copy-605.0707 on back of	ed liability company's dis	solution pursuant to section
Close of business		over letter).	
		ومېرېرېر <u>نې دې د د د د د د د د د د د د د د د د د </u>	**************************************
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		•	,
***************************************	the state of the s		177
5. If there are no nactivities and at	nembers, enter the name and address		wind up the company's
	Cora DiFiore	W	7.5 3
	1 Town Center Rd	Ste 600	NO.
	Boca Raton, FL 3	3486	· · · · · · · · · · · · · · · · · · ·
6. Signature of an listed above to win	authorized person or if there are no nid up the company's activities and aff	nembers, the signature of tairs:	he person appointed and
low	Jelin	Cora	D. Frove
	Signature	Printed !	Vame

FILING FEE: \$25.00