

L11 0000 38318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

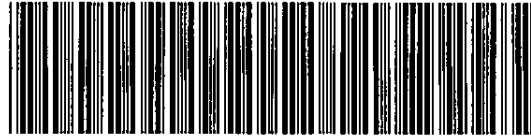
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 13 2014
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -7 PM 2:29

FILED

COVER LETTER

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: 2701 Miami-Leieune, LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Christopher M. Sierra, Esq.
Christopher M. Sierra, P.A.
695 Central Avenue
Suite 271
St. Petersburg, FL 33701
727-490-2020 ext. 7034

For further information concerning this matter, please call:

Joel S. Ezra
(516) 536-6290
95 Seaman Avenue
Rockville Centre, NY 11570

Enclosed is a check for the following amount:

\$55.00 Filing Fee and Certificate of Dissolution & Certified Copy (additional copy is enclosed)

RECEIVED
2014 MAY -7 PM 2:33
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

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 2701 Miami-Lejeune, LLC.
2. The Articles of Organization were filed on March 30, 2011, and assigned document number L11000038318.
3. The delayed effective date the dissolution was approved: _____.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0701(1)-(3) on back cover letter).
 - All members of the Limited Liability Corporation consent to the dissolution.
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

Joel S. Ezra
95 Seaman Avenue
Rockville Centre, NY 11570
(516) 536-6290

FILING FEE: \$25.00

2014 MAY -7 PM 2:28
CLERK OF STATE
TALLAHASSEE FLORIDA