L11000038602

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Sta	tus		
Special Instructions to Filing Officer:			

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinecrest 11001 SW 62 Avenu, 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:

Victor P. Balestra (Name of Person)			
(Firm/Company)	_		
3135 SW 314 Avenue	— <u></u>	2014	
Hiami, FL 33129	三級 発売 - 24 55 - 24 55	14 FEB 24	
(City/State and Zip Code)	SSEE A	24 PM	
For further information concerning this matter, please call: ()ani Viñas at (305) 854-52	2976 2976	112: 23	O
(Name of Person) at (SUS) AS 1-3 (Area Code & Daytime Telephone N		- -	

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/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
	Pinecrest 11001 SN 62 Avenue, LLC
2.	The Articles of Organization were filed on 3/31/11 and assigned document number L1100003860Z
3.	The delayed effective date the dissolution if not effective on the date of filing:
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). No longer any use for 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: Victor P. Balestra 3135 51 3 = Avenue Migmi, FD 33179
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
	FILING FEE: \$25.00 Printed Name Victor P. Bales + G. F.

Notice of Limited Liability Company Dissolution

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: Pinecrest 11001 54 62 Avenue, LL	_(
Date of dissolution was: 12 31 13	
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)	
3135 SLI 3'E AVENUE	
3135 SN 3 = Avenue Miani, FL 33179	
A claim against the above named limited liability company will be barred unless a proceeding to enforce the clai ommenced within 4 years after the filing of this notice.	m is
MANY 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Printey Name of the Person Filing VICTOR 1, BALES IPPA Signature of the Person Filing	_