

L110000 42660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 JAN 13 AM 7:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 14 2016

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **TRADE CENTER SHELL, 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:

**Alexander Peña, Esq.**

(Name of Person)

**Sordo & Associates, P.A.**

(Firm/Company)

**3006 Aviation Ave, Suite 2A**

(Address)

**Coconut Grove, FL 33133**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Alexander Peña, Esq.** at **305 859-8107**

(Name of Person)

(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/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

TRADE CENTER SHELL, LLC

2. The Articles of Organization were filed on 5/27/2011 and assigned

document number L11000062660

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).

The Company is no longer in business.

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

George Shalhub

Printed Name

**FILING FEE: \$25.00**

FILED  
16 JAN 13 AM 7:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: TRADE CENTER SHELL, LLC

Document number of Limited Liability Company is: L11000062660

Date of dissolution was: 1/12/2016

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

Name, mailing address, phone number and email of Claimant.

Amount and nature of the claim.

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

Sordo & Associates, P.A.

3006 Aviation Ave, Suite 2A

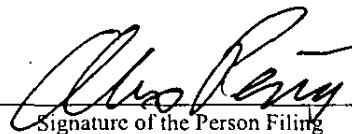
Coconut Grove, FL 33133

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Alexander Peña,

Printed Name of the Person Filing



Signature of the Person Filing