# T11000080381

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

Office Use Only



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10/19/15--01023--010 \*\*25.00

2015 OCT 19 FN 1:39
SECRETARY OF STATE
TALLAHASSEE FURISHIA

OCT 20 2015 J. HARRIS

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: THE REAL ESTATE CENTER OF DORAL, 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:

VIVIAN ABREU
(Name of Person)
THE REAL ESTATE CENTER OF DORAL LLC
(Firm/Company)
9585 NW 41 ST
(Address)
DORAL, FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

VIVIAN ABREU
(Name of Person)

at (305) 495-3926
(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 liabi		
THE REAL ESTATE CENT	ER OF DORAL LLC	·
2. The Articles of Organization	on were filed on $\frac{07/13/2}{}$	011 and assigned
document number 11000	080381	
(enectiv	this block does not meet the	fective on the date of filing: 10/31/2015 ore than 90 days later than date document is received for filing) ne applicable statutory filing requirements, this date will not be nt of State's records.
4. A description of occurrence 605.0707, Florida Statutes,	e that resulted in the lim (copy 605.0707 on back	ited liability company's dissolution pursuant to section cover letter).
DISSOLUTION OF PARTNE	ERSHIP Busine	ess closed
		- N
		JSSX 1044
5. If there are no members, er	nter the name and addres	s of the person appointed to wind up the company's
activities and affairs:	VIVIAN ABREU	<u> </u>
	9585 NW 41 ST, DOR	AL FL 33178
6. Signature of an authorized listed above to wind up the co	person or if there are no mpany's activities and a	members, the signature of the person appointed and ffairs:
Julis		OSWALDO ABREU
Signature	2	Printed Name

**FILING FEE: \$25.00** 

# Notice of Limited Liability Company Dissolution

#### **NOTE:** This page is optional

OSWALDO ABREU

Printed Name of the Person Filing

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: THE REAL ESTATE CENTER OF DORAL LLC  Document number of Limited Liability Company is: L11000080381	
Date of dissolution was: 10/14/2015  Description of information that must be included in a written claim:  DISSOLUTION OF PARTNERSHIP	
9585 NW 41 ST, DORAL FL 33178	
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.	g M Kadana Tugʻi

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00