

L11000090718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

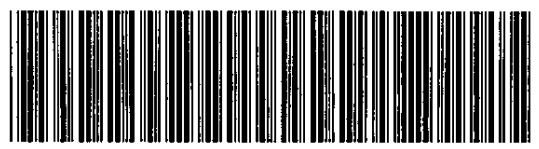
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100271584001

04/10/15--01006--011 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 APR 10 PM 2:41

C.L.  
4-24-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FINEST ALF-BREVARD, 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:

LEONIDES FINES

(Name of Person)

FINES ENTERPRISES, INC.

(Firm/Company)

1800 3RD STREET, STE. 200

(Address)

ORLANDO, FL 32839

(City/State and Zip Code)

For further information concerning this matter, please call:

LEONIDES FINES

(Name of Person)

at ( 407 ) 872-7022

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR 10 PM 2:41

1. The name of a limited liability company is

FINEST ALF - BREVARD, LLC

2. The Articles of Organization were filed on 08/25/11 and assigned

document number L11000090718

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)

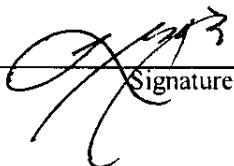
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

NO LONGER 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:

LEONIDES FINES

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

LEONIDES FINES  
Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR 10 PM 2:41

**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: FINEST ALF-BREVARD LLC

Document number of Limited Liability Company is: L11000090718

Date of dissolution was: 04/08/15

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

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

1800 BARD ST. STE 200  
ORLANDO, FL 32839  

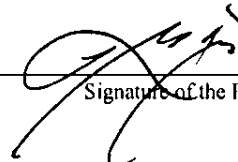
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LEONIDES FINER

Printed Name of the Person Filing



Signature of the Person Filing

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