L11000116501

(Requestor's Name)			
(Address)	500297131		
(Address)	300291 131		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	03/30/17010170		
(Document Number)	·		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	DOT MAR 30		
	See 30		

Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

SURIFCT

FIRST ON LINCOLN 204 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:

CAROLYN KAHL

(Name of Person)

ROCA GONZALEZ P.A.

(Firm/Company)

3370 MARY STREET

(Address)

MIAMI, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN KAHL

,,305

859-6050

(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 liabi				
2.	The Articles of Organization	on were filed on 10/1	1/2011		_ and assigned
	document number L110001	16501			
3.	The delayed effective date (effective Note: If the date inserted in listed as the document's effective date in the document's effective date (effective	e date cannot be prior to this block does not me	or more than eet the applic	90 days later than date or able statutory filing r	document is received for filing) equirements, this date will no
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).				
	UNANIMOUS WRITTEN CO				
	<u> </u>	, ,,,, ,,,,,			
5.	If there are no members, en activities and affairs:	nter the name and address of the person appointed to wind up the company's SIMONA MAIOTTI			
C/O ROCA GONZALEZ P.A. 3370 MARY STREET					
		MIAMI, FL 33133			
6. lis	Signature of an authorized sted above to wind up the co	person or if there ar mpany's activities a	e no memb nd affairs:	ers, the signature o	f the person appointed and
,	Amarella el		SIM	ONA MAIOTTI	
	Signature		NO FEE	Printed	Name

FILING FEE: \$25.00

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: FIRST ON LINCOL		
Document number of Limited Liability Company is: L110001	116501	
Date of dissolution was: 031.24/2017	·	
Description of information that must be included in a written cla	im:	
1) NAME AND MAILING ADDRESS OF THE PERSON/ENTITY	MAKING THE CLAIM	
2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVE	NTS GIVING RISE TO THE CLAIM	
3) STATEMENT OF THE AMOUNT OF THE CLAIM		
4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM		
Mailing address where claims can be sent: (Claims cannot be sent SIMONA MAIOTTI		
C/O ROCA GONZALEZ PA	ALCRET MA	T
3370 MARY STREET	TARY OF TARY	
MIAMI, FL 33133	Top ➤	O
A claim against the above named limited liability company will claim is commenced within 4 years after the filing of this notice	be barred unless a proceeding to enforce t	he
SIMONA MAIOTTI	hundly sit.	
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