L11000125577

(Re	questor's Name)			
(Address)				
(Address)				
(/ 10	(1033)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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	COVE	R LETTER	¥ .			
	Division of Corporations PELICAN APTS, LLC					
SUDJECT.						
SUBJECT:(Name of Limited Liability Company)						
The enclosed	Articles of Dissolution and fee(s) are submit	ted for filing.				
Please return	all correspondence concerning this matter to	the following:				
	Nestor Gorfinkel					
	(Name of Person)					
	Gorfinkel Law					
	(Firm/Company)					
	40 Lake Bellevue Drive # 100					
		(Address)				
	Bellevue, WA 98005					
	(City/State and Zip Code)					
For further in	formation concerning this matter, please call	:				
Nes	tor Gorfinkel	305 at (932-5757			
	(Name of Person)	(Area Coc	le & Daytime Telephone Number)			
Enclosed is a c	heck for the following amount:					
\$2 5.0	00 Filing Fee and Certificate of Dissolution		ee, Certificate of Dissolution & py (additional copy is enclosed)			
Reg Div	ling Address: gistration Section ision of Corporations J. Box 6327	Street Address: Registration S Division of C The Centre of	orporations			
	lahassee, FL 32314		roe Street, Suite 810			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2020 E70 12 PH 1: 09

1.	The name of a limited liability FALCON APTS, LLC	e name of a limited liability company is LCON APTS, LLC				
2.	The Articles of Organization	were filed on 11/03/201	1	and assigned		
	document number L1100012	5577	_			
3.	Note: If the date inserted in the	e date the dissolution if not effective on the date of filing: March 31, 2020 (effective date cannot be prior to or more than 90 days later than date document is received for filing) erted in this block does not meet the applicable statutory filing requirements, this date will not be it's effective date on the Department of State's records.				
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limite	ed liability company's d over letter).	issolution pursuant to section		
	Consent of All the Members		,			
	Consent of All the Members Consent of All the Members If there are no members, ent activities and affairs:	er the name and address Yaakov Brafman	of the person appointed	to wind up the company's		
2523 OPA LOCKA BLVD						
		OPA LOCKA, FL 33054				
6. at	Signature of an authorized pove to wind up the company Yaakov Brahma	s activities and affairs:	nembers, the signature o	f the person appointed and listed		
	yaakov Brafman		Yaakov Brafman			
Signature			Printe	d 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: FALCON APTS, LI	.C
Document number of Limited Liability Company is: L11	000125577
Date of dissolution was:	-
Description of information that must be included in a wr	itten claim:
Name of Claimant, Claimant address, Amount Claimed, Acco	ount number and or Invoice number (if applicable)
the Date the Claim or debt incurred, maturity date (if applicab	ole) and detailed history of claim or debt.
Mailing address where claims can be sent: (Claims cannot	ot be sent to the Division of Corporations)
Yaakov Brafman	
2523 OPA LOCKA BLVD	
OPA LOCKA, FL 33054	
	
A claim against the above named limited liability compactain is commenced within 4 years after the filing of this	
	yaakov Brahman
Yaakov Brafman	yaakov Brafman
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