

L11000

125587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

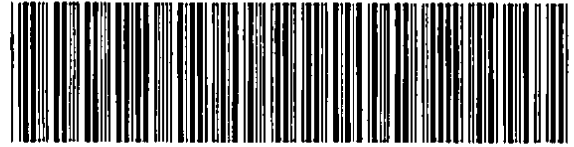
(Business Entity Name)

(Document Number)

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

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2020 MAR 12 PM 1:13

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MAR 27 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FALCON APTS, 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:

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 information concerning this matter, please call:

Nestor Gorfinkel

305

932-5757

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

2020 MAR 12 PM 1:13

1. The name of a limited liability company is

PELICAN APTS, LLC

2. The Articles of Organization were filed on 11/03/2011 and assigned

document number L11000125587

3. The delayed effective 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)  
**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).

Consent of All the Members

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Yaakov Brafman

2523 OPA LOCKA BLVD

OPA LOCKA, FL 33054

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:

yaakov Brafman

yaakov Brafman

Signature

Yaakov Brafman

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: PELICAN APTS, LLC

Document number of Limited Liability Company is: L11000125587

Date of dissolution was: March 31, 2020

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

Name of Claimant, Claimant address, Amount Claimed, Account number and or Invoice number (if applicable)

the Date the Claim or debt incurred, maturity date (if applicable) and detailed history of claim or debt.

Mailing address where claims can be sent: (Claims cannot 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 company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

yaakov Brafman

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**