

L11000125647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED

6/14/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2018

NESTOR GORFINKEL
11900 NE FIRST ST #300
BELLEVUE, WA 98005

SUBJECT: ROBIN APTS, LLC
Ref. Number: L11000125647

We have received your document for ROBIN APTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must be filed first.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 618A00010639

RECEIVED

2018 JUN -8 AM 9:52

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 JUN 8 AM 9:52

618A00010639

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robin Apts, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination 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

11900 NE First Street # 300

Address

Bellevue, WA 98005

City/State and Zip Code

esq@gorfinkel-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nestor Gorfinkel

at (305) 932-5757

Name of Person

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Robin Apts, LLC

SECOND: The Florida Document number of the limited liability company is: L11000125647

THIRD: The date of filing of the initial articles of organization is: 11/3/2011

FOURTH: The date of filing of the dissolution is: March 31, 2014

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Yaakov Brafman

Typed or printed name of signature

FILED
MAR 11 2014
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)