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Division of Corporations Electronic Filing Cover Sheet

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(((H140001070263)))



H140001070263ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number: I20000000205 Phone

: (305)416-6800

Fax Number

: (305)416-6811

LLC DISSOLUTION OR WITHDRAWAL 50 BISCAYNE 5308, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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MAY - 6 2013

T. HAMPTON

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO:		istration Section ision of Corporations					
cunse	·/·T.	50 Biscayne 5308, LLC					
SUBJE	CI	(Name of Limite	(Name of Limited Liability Company)				
		d Articles of Dissolution and fee(s) are submitted all correspondence concerning this matter to the					
		Diane M. Hernandez					
(Name of Person)							
	Adams Gallinar, P.A.						
(Firm/Company)							
	1000 Brickell Avenue, Suite 300						
(Address)							
	Miami, Florida 33131						
(City/State and Zip Code)							
For fur	ther i	nformation concerning this matter, please call:					
	D	iane M. Hernandez	305	416-6800			
		(Name of Person)	(Area Co	de & Daytime Telephone Number)			
Enclose	d is a	check for the following amount:					
\$25.00 Filing Fee and Certificate of Dissolution MAILING ADDRESS: Registration Section Division of Corporations		\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
			EET/COURIER ADDRESS:				
		Registration Section Division of Corporations					
		Division of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

The name of a limited liability commany is

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	50 Biscayne 5308, LLC	company is				
2.	The Articles of Organization v	vere filed on 11/09/2011	and assigned			
	document number L1100012		•			
3,	The delayed effective date the (effective date	dissolution if not effective on the date of the cannot be prior to or more than 90 days later the	f filing: an 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). Sale of Assets					
5.	If there are no members, enter activities and affairs:	the name and address of the person appo	pinted to wind up the company's			
6. lis	Signature of an authorized per- ted above to wind up the compa	son or if there are no members, the signa any's activities and affairs:	ature of the person appointed and			
_	Redated	Robert R. Ada	ams, Auth. Representative			
_	Signature		Printed Name			
		FILING FEE: \$25.00	-i ~1			

TILLED

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

H14000107036