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(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Na	me)			
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

Four Ambassadors Entertainment, LLC SUBJECT:

(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:

Robert J. Alwine	
(Name	of Person)
Bayview Condominium Managen	nent, Inc.
(Firm/	Company)
825 Brickell Bay Drive, Suite 250	
(Ac	ldress)
Miami, FL 33131	
(City/State	and Zip Code)

For further information concerning this matter, please call:

Robert J. Alwine

(Name of Person)

(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

FILED 2014 NOV 12 PH 12: 13

1.	The name of a limited liabi	• •	-17	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2.	The Articles of Organization	on were filed on <u>01-09-2</u>	2012	and assigned			
	document number L12000		_				
3.	The delayed effective date (effective	ffective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing)					
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limit (copy 605.0707 on back o	ed liability company's cover letter).	dissolution pursuant to section			
	Company was never started, did not receive lease to operate business.						
5.	If there are no members, en	iter the name and address Robert J. Alwine, M	• • •	d to wind up the company's			
		825 Brickell Bay Drive, Suite 250					
		Miami, FL 33131					
6. lis	Signature of an authorized sted above to wind up the co	person or if there are no r mpany's activities and aff	nembers, the signature fairs:	of the person appointed and			
	Signature			Managing Member			

FILING FEE: \$25.00