

From: Paola Sanchez

Fax: 17864757424

To:

Fax: (850) 617-6383

Page: 2 of 2

12/05/2018 10:18 AM

Division of Corporations

112

000009577

12/05/2018 10:18 AM
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000345473 3)))



H180003454733ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GUZMAN & GUZMAN, P.A.
Account Number : 12008000090
Phone : (305) 670-1993
Fax Number : (305) 670-1993

LLC DISSOLUTION OR WITHDRAWAL
HTS #1011, LLC

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

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 DEC -5 AM 11:43

FILED

2018 DEC -5 AM 10:20

T. CLINE

DEC -6 2018

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

RTS #1011, LLC

2. The Articles of Organization were filed on 01/20/2012 and assigned

document number L12000009577

3. The delayed effective date the dissolution is 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)

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).

100% OF THE MEMBERS AGREED TO FILE A COMPLETE DISSOLUTION

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

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:

[Handwritten Signature]

Signature

GARAU, ESTELA DIANA ZELMIRA

Printed Name

STATE OF FLORIDA DEPARTMENT OF STATE

2014 DEC -5 AM 11:43

CLD