

L12000 D36116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

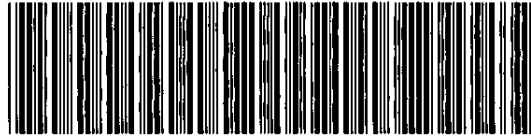
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARAGON FLORIDA ONE 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:

(Name of Person)
Tax & Accounting Solutions

(Firm/Company)
1747 Rodman St. Ste. 205

(Address)
Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Gonzalez at (954) 632-1272
(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**

1. The name of a limited liability company is
PARAGON FLORIDA ONE LLC
2. The Articles of Organization were filed on 03/14/2012 and assigned
document number L12000036116
3. The delayed effective date the dissolution if not effective on the date of 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).
Voluntarily dissolution. The business purpose of the LLC is completed.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Cesar Shlain
2020 NE 163 Street 300D
Miami, FL 33162

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:

Signature

Printed Name

Cesar Shlain

FILING FEE: \$25.00

FILED

2014 FEB - 7 AM 11:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**