1200015086

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



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2013 APR 24 AM IL OS SECRETARY OF STATE ALL ANASSEE, FLORIDA

APR 25 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

MASK MIAMI PROPERTIES 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:

HARRY M SAMUELS

(Name of Person)

REGISTERED AGENTS OF SO FLA, INC

(Firm/Company)

2901 STIRLING ROAD-#307

(Address)

FT LAUDERDALE, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

HARRY M SAMUELS

954 966-1

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status ρ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

p \$60.00 Filing Fee, Certificate of Status & 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

		\$ \frac{1}{2}	£
1. The name of a limited liability company is	•	بنارت شبارت	
MASK MIAMI PROPERTIES LLC		101	
2. The Articles of Organization were filed on 06/05	/2012	and assigned documen	t numbe
3. The date the dissolution was approved: 12/31/20)12		
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of THE BUSINESS PURPOSE WAS NEVE	ited liability company over letter).		
THE LLC.			
5. CHECK ONE:			
All debts, obligations and liabilities of the	limited liability comp	pany have been paid or dischar	rged.
-OR- Adequate provision has been made for the	debts, obligations and	d liabilities pursuant to s. 608.	4421.
All remaining property and assets have been distribution rights and interests.	outed among its memb	pers in accordance with their r	espectiv
7. CHECK ONE:			
There are no suits pending against the com	pany in any court.		
 OR- Adequate provision has been made for the entered against it in any pending suit. 	satisfaction of any ju	dgment, order or decree which	n may be
natures of the members having the same percentage of	f membership interes	ts necessary to approve the dis	ssolution
Signature		Printed Name	
	KATHE	ERINE GASC, MGMR	
	 		
	-	<u>.,,,</u>	

FILING FEE: \$25.00

ij,