

L12 0000 84756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

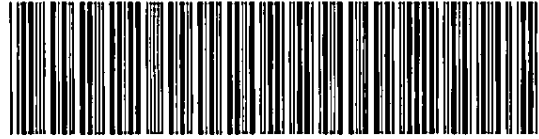
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/12/20--01025--010 **25.00

2020 MAY 12 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Codina North Central, 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:

Nancy Hill

(Name of Person)

c/o Codina Management, LLC

(Firm/Company)

2020 Salzedo Street, 5th Floor

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Hill

(Name of Person)

305

529-1300

at (_____) _____

(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:

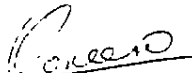
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Codina North Central, LLC
2. The Articles of Organization were filed on 06/27/2012 and assigned
document number L12000084756
3. The delayed effective date the dissolution if not effective on the date of filing: 03/31/2020
(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).
Company is no longer conducting business.
Company is no longer conducting business.
Company is no longer conducting business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Rafael G. Romero c/o Codina Management, LLC
2020 Salzedo Street, 5th Floor
Coral Gables, FL 33134
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

Rafael G. Romero

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2020 MAY 12 AM 10:41