L12 0000 85719

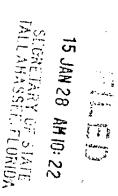
(Re	questor's Name)				
(Ad	dress)				
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nai	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					





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12/11/14--01008--022 **25.00



J. Miners FEB 0 4 7015

COVER LETTER

TO:	TO: Registration Section Division of Corporations					
SUBJE	CT:	EMPERADOR CAI II, LLC.				
3000		(Name of Limite	d Liability Company)			
The end	closed	Articles of Dissolution and fee(s) are submitte	d for filing.			
Please return all correspondence concerning this matter to the following:						
CECILIA NORES MARTINEZ						
	(Name of Person)					
(Firm/Company)						
11205 NE 8th. AVE.						
		(A	ddress)			
	BISCAYNE PARK, FL 33161					
		(City/State	e and Zip Code)			
For furt	her in	formation concerning this matter, please call:				
	CE	CILIA NORES MARTINEZ	786 227-2424			
		(Name of Person)	at ()(Area Code & Daytime Telephone Number)			
Enclosed	d is a c	heck for the following amount:				
_	\$25.0	00 Filing Fee and Certificate of Dissolution	 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) 			
		MAILING ADDRESS:	STREET/COURIER ADDRESS:			
		Registration Section Division of Corporations	Registration Section Division of Corporations			
		P.O. Box 6327	Clifton Building			
		Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is EMPERADOR CAI II, LLC.					
2.	2. The Articles of Organization were filed	on 07-09-2012	and assigned			
	document number L12000088719					
3.	3. The delayed effective date the dissoluti (effective date cannot be	the delayed effective date the dissolution if not effective on the date of filing: 1-31-15 (effective date cannot be prior to or more than 90 days later than date document is received for 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).					
	WRITTEN CONSENT OF ALL M	WRITTEN CONSENT OF ALL MEMBERS.				
			· · ·			
5.	5. If there are no members, enter the name	e and address of the person appoint	ted to wind up the company's			
	activities and affairs:					
			E67			
			<u> </u>			
			SSS 28			
	 					
		····	<u> </u>			
6. lis	6. Signature of an authorized person or if listed above to wind up the company's acti	there are no members, the signatur ivities and affairs:	e of the person appointed and			
((λ_{α})					
	(tellering)	CECELIA NORE				
	Signatule	Pri	nted Name			

FILING FEE: \$25.00