112000091260

(Re	questor's Name)	
(Ad	dress)	······································
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 4925 Park Ridge Boulevard, LL		
(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:		
Justin Meshberg (Name of Person)		
(Name of Person)		
(Firm/Company)		
57 Hudson Avenue, Ground Floor		
Brooklyn V [120] (City/State and Zip Code)		
(City/state and Zip Code)		
For further information concerning this matter, please call:		
Michael Lam at (718) & & Grand Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution \$\Boxed{\text{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

STURETARY OF STATE

١.	The name of a limited liability company is
	The name of a limited liability company is 4925 Park Ridge Boulevard, LLC RECRETARY OF ST. 4925 Park Ridge Boulevard, LLC
2.	The Articles of Organization were filed on July 13, 2012 and assigned
	document number _ <u>L12000091260</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: December 31, 2016 (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).
	Business Purpose 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:
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
113	A
	JUSTIN MEZHBENG
	Signature Printed Name
	/ RILING FEE: \$25.00