L12 0000 91951

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900283057889

03/11/16--01021--007 **25.00





MAR 1 4 2016 J SHIVERS

COVER LETTER 100

TO:

Registration Section Division of Corporations

SUBJECT

Ha Bayit, 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:

Michael Mincberg		
(Name of Person)		
Sight Properties		
(Firm/Company)		
1710 N. 19th St. #210		
(Address)		
Tampa, FL 33605		
(City/State and Zip Code)	A .	r

For further information concerning this matter, please call:

Michael Mincberg

_.813

495-6491

(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

١.	he name of a limited liability company is	
	la Bayit, LLC	
	he Articles of Organization were filed on July 16, 2012 and assigned	
	ocument number L12000091951	
3.	he delayed effective date the dissolution if not effective on the date of filing: (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 isted as the document's effective date on the Department of State's records.	be
•	description of occurrence that resulted in the limited liability company's dissolution pursuant to section 5.0707, Florida Statutes, (copy 605.0707 on back cover letter).	n
·.	there are no members, enter the name and address of the person appointed to wind up the company's	-1
	ctivities and affairs:	
	FI.ORION	The state of the s
is	ignature of an authorized person or if there are no members, the signature of the person appointed and above to wind up the company's activities and affairs:	
	Michael Mincherg for Sight Properties, LLC	
	Signature Printed Name FILING FEE: \$25.00	