L17000099886

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMIBEACH BEST RESERVATIONS 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:

LANA WEINTRAUB	
MIAMI BEACH BEST R	ESERVATIONS LLC
(Firm/Company)	
1210 1019T STREKT B	•
(Address)	
BAY HARBOR ISLAMPS, FL	- 33154
(City/State and Zip Code)	

For further information concerning this matter, please call:

LANA WEINTRAND at 305 864-6154 (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

1. The name of a limited liability company is
MIAMI BEACH BEST RISSERVATIONS LLC
2. The Articles of Organization were filed on Aug 02, 78 and assigned document number 12000099886
3. The 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 ming)
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).
LACK OF SALES.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: LANA WEINTHAUB
1210 1015T ST
BMY HARBOR ISLANDS, FEET
33154 ASS 3
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:
LANA WILLERAUB.
Signature Printed Name

FILING FEE: \$25.00