

L12000101320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B300 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:

Adriane Abraham  
(Name of Person)  
B300 LLC  
(Firm/Company)  
1900 South Treasure Dr. Apt 8F  
(Address)  
North Bay Village, FL 33141  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Adriane Abraham at 440 315-4990  
(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**

1. The name of a limited liability company is

B300 LLC

2. The Articles of Organization were filed on 2012 Aug 06 and assigned  
document number L12000101320

3. The delayed effective date the dissolution if not effective on the date of filing: April 1st 2014

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).

I received a different job and we be closing  
this LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Adriane Abraham

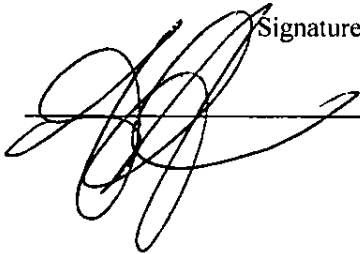
700 NE 63RD ST D306

MIAMI FL 33138

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

Printed Name



Adriane Abraham

**FILING FEE: \$25.00**

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CLERK OF STATE  
TALLAHASSEE FLORIDA