

212 000 114726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

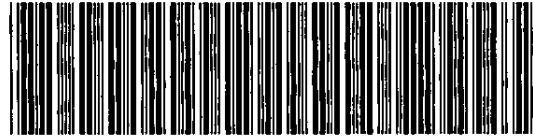
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300258419063

300258419063
05/01/14--01032--018 **25.00

FILED
14 MAY - 1 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 07 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BH 36 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:

Paula McKane

(Name of Person)

Elephant Group, Inc.

(Firm/Company)

3303 West Commercial Blvd., Suite 201

(Address)

Ft. Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Paula McKane

(Name of Person)

954

at ()

691-9520

(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

BH 36 LLC

2. The Articles of Organization were filed on 09/07/2012 and assigned

document number L12000114726

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 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).

Ceased operations

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. 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

Benzion Aboud

Printed Name

FILING FEE: \$25.00

FILED
14 MAY - 1 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA