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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6383			
	Fax Number . (050/01/-0305			
From:				
	Account Name : BARBOSA LEGAL		- ·	
	Account Number : 120110000049 Phone : (305)501-4680		<i>.</i> ٠	0
	Fax Number : (305)359-9543			ć
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	LLC DISSOLUTION OR WIT	ΓHDRAWAL		ر
	MIAMI SUNRISE PROPER	TIFS LLC		7
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COVER LETTER

TO: Registration Section Division of Corporations

MIAMI SUNRISE PROPERTIES, LLC

SUBJECT:

(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:

Erika Kitaoka da Silva-

(Name of Person)

Barbosa Legal

(Firm/Company)

407 Lincoln Rd PH-NE

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Cisneros	305	5014680
	_ at (_)
(Name of Person)	(Area Code	& Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution.

D \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
MIAMI SUNRISE PROPERTIES, LLC	

2. The Articles of Organization were filed on <u>12/19/2012</u> and assigned

document number _____

- 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) <u>Note:</u> 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.
- 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).
 THE SOLE MEMBER CONSENTS AND APPROVES TO THE DISSOLUTION OF THE COMPANY

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

/S/: Edwin Cisneros

Edwin Cisneros, Esq.

Signature

Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of	MAMI SUNRISE PROPERTIES, LLC
	L12000158782
Date of d	issolution was:
Descripti	on of information that must be included in a written claim:
Claim mu	st be in writing and state the name and contact information of the party making the claim and detailed
allegation	5.
<u></u>	
Mailing a	ddress where claims can be sent: (Claims cannot be sent to the Division of Corporations)
I	Barbosa Legal, 407 Lincoln Road, PH-NE, Miam: Beach, FL 33139
_	

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Edwin C. Cisneros, Esq.

/S/: Edwin Cisneros

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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