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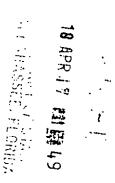
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

## **UNIT NORTH 401 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:

Thomas L. Harris, Esq.

(Name of Person)

Thomas L. Harris, P.A.

(Firm/Company)

9500 S. Dadeland Blvd., #600

(Address)

Miami, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas L. Harris

\_\_305 \_\_670-7

(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

The name of a limited lia	bility company is	
UNIT NORTH 401 LLC		·
The Articles of Organiza	tion were filed on 01/22/2013	and assigned
document number 113000	011257	
Note: If the date inserted in	te the dissolution if not effective on the date of ive date cannot be prior to or more than 90 days later that this block does not meet the applicable statutory fective date on the Department of State's records.	filling: Upon Filling in date document is received for filling) tilling requirements, this date will not
A description of occurrer 605.0707, Florida Statute:	nce that resulted in the limited liability compans, (copy 605.0707 on back cover letter).	ny's dissolution pursuant to sectio
Dissolution by consent of al	l members (F.S. 605.0701(2)	
		25 S F R
If there are no members, activities and affairs:	enter the name and address of the person appoint an Domaille, Mgr	inted to wind up the company's
		849
Signature of an authorize ted above to wind up the c	d person or if there are no members, the signat company's activities and affairs:	ture of the person appointed and
	Ian Domaille, Mgr	
Signature	P	Printed Name

FILING FEE: \$25.00