Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368 Fax Number

LLC DISSOLUTION OR WITHDRAWAL CHARTER DC WYNWOOD LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

FEB 0 2 2016

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Charter DC Wynwood, LLC		
2.	The Articles of Organization were filed on 1/30/2013 and assigned		
	document number L13000015149		
3.	The delayed effective date the dissolution if not effective on the date of filling: (effective date cannot be prior to or more than 90 days later than date document is received for filling) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not listed as the document's effective date on the Department of State's records.		
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).		
	The members of the LLC have consented in writing to dissolve the LLC.		
	If there are no members, enter the name and address of the person appointed to wind up the company's		
Э.			
	activities and affairs:		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
	Arnaud Sitbon		
	Signifiare 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 Limited Liability Company:	9			
Date of dissolution was: 1/29 14				
Description of information that must be included in a written claim:				
The menibers have colected to	dissolve the uc.			
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)				
19950 West Country club 1)	KIVO SER 1			
Suite 800				
Svite 800 Aventura, Fr. 33180	_bw; <i>γ</i> ν			
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.				
_	1			
Arnau Sittor				
Printed Name of the Person Filing	ighause of he Person Filing			

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