

**Florida Department of State**  
 Division of Corporations  
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L13000033533

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**To:**  
 Division of Corporations  
 Fax Number : 50)617-6383

**From:**  
 Account Name : PIERO SALUSSOLIA CORPORATE MANAGEMENT INC.  
 Account Number : T20150000007  
 Phone : (305)373-7016  
 Fax Number : (305)373-7017

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**LLC DISSOLUTION OR WITHDRAWAL**  
**888 BISCAYNE 5407 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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JUN 04 2015  
**J. HARRIS**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 888 BISCAYNE 5407 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:

Angela Cappuzzello

(Name of Person)

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC.

(Firm/Company)

1410 20th Street Suite 214

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Cappuzzello at 305 3737016  
(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  
888 BISCAYNE 5407 LLC

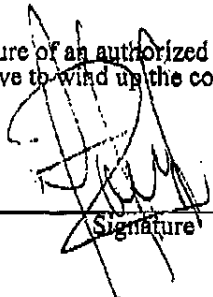
2. The Articles of Organization were filed on 03/05/2013 and assigned  
document number L13000033533

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)  
**Note:** 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.

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).  
Written consent of all the members

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

Monica Tirado  
Printed Name

FILING FEE: \$25.00

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