(Requestor's Name)		
	ddroop)	
(A	ddress)	
(Address)		
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
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(B	Business Entity Name)	
(L	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to F	iling Officer:	
	<i>J</i> ,	
	N. 400	
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	<i>20</i> 2	
	May 18 2023	





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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/17/23

NAME: DOWNTOWN DORAL TOWNHOMES LLC

TYPE OF FILING: REVOCATION OF DISSOLUTION

COST:

100.00

RETURN: PLAIN COPY PLEASE

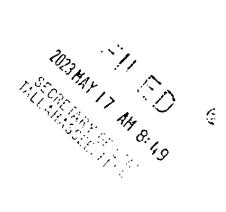
ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

TO:	O: Registration Section Division of Corporations						
SUBJI	ECT: Downtown Doral Townhomes, LLC						
	Name of Limited Liability Company						
	closed Statement of Revocation of Dissolution fo ted for filing.	r Florida Lim	ited Liability Company and fee(s) are				
Please	return all correspondence concerning this matter	to:					
Steven	J Vainder						
	Contact Person	<del></del> .	_				
CC Ho	omes						
	Firm/Company	<u></u>	_				
2020 S	alzedo Street, Suite 200						
	Address		_				
Coral (	Gables, FL 33134						
	City, State and Zip Code		_				
LViera	@cchomes.com						
É-1	mail address: (to be used for future annual report of	notification)	_				
For fur	ther information concerning this matter, please ca	ll:					
Steven	J Vainder	786	364-542!				
	Name of Contact Person	Area Code	Daytime Telephone Number				
	Mailing Address:		Street Address:				
	Registration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	D C D (222						

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



# STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

!.	Downtown Doral Townhomes, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

### FILED Jan 20, 2023 Secretary of State

### **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State: DOWNTOWN DORAL TOWNHOMES, LLC

The document number of the limited liability company: L13000045017

The file date of the articles of organization: March 26, 2013

A description of occurance that resulted in the limited liability company's dissolution:

COMPLETED BUSINESS OPERATIONS

The name and address of the person appointed to wind up the company's activities and affairs:

STEVEN VAINDER 2020 SALZEDO ST, #200 CORAL GABLES, FL 33134 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: STEVEN VAINDER

Electronic Signature of authorized person

### **COVER LETTER**

TO:	Registration Section Division of Corporations		
Stirie4	CT: Downtown Doral Townhomes, LL	С	
TO DO EA	Name o	of Limited Liability Co	mpany
	osed Statement of Revocation of Disso d for filing.	lution for Florida Limi	ted Liability Company and fee(s) are
Please re	eturn all correspondence concerning this	s matter to:	
Steven J	Vainder		
	Contact Person		_
СС Ноп	nes		
	Firm/Company	•	_
2020 Sal	Izedo Street, Suite 200		
	Address		_
Coral Ga	ables, FL 33134		
	City, State and Zip Code	;	-
.Viera@	gechomes.com		
É-m	ail address: (to be used for future annua	l report notification)	_
or furth	er information concerning this matter, p	olease call:	
Steven J	Vainder	786	364-5421
	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303