617000071726.

·
- (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/13/15--01017--014 **25.00

15 JAN 13 AH ID: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 2 4 2015

COVER LETTER

Division of Corporations
SUBJECT: Merrick View Unit 710, LLC (Name of Limited Liability Company)
(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:
Desi Kellermann (Name of Person)
(Name of Person)
Kellermann Varelaph
(Firm/Company)
1 0 1 03
605 Lincoln Rd, Ste 400
(· · · · · · ·)
Miami Beach PC 33139
(City/State and Zip Code)
For further information concerning this matter, please call:
Desi Kellermann at 305 742/900
(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:

TO:

Registration Section

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

l.	The name of a limited liability company is
	Merrick View Unit 710 UC
2.	The Articles of Organization were filed on $\frac{5/16/13}{}$ and assigned
	document number <u>L13000071726</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: (1515) (effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
	Endof business operations
_	TC.1
٥.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Desi Kellermann, PA
	605 Lincoln Rd Ste 400
	Miani Beach Fl 33139
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and
li	sted above to wind up the company's activities and affairs:
	Des Kellermanns
	Signature Printed Name
1	FILING FEE: \$25.00
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