

L130000 76631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

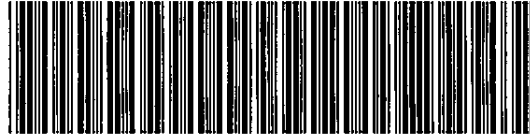
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200286687452

06/14/16--01049--006 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 14 AM 11:31

EFFECTIVE DATE
6/30

JUN 16 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Building 7815 Crespi, 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:

Andrey Shilaev
(Name of Person)

(Firm/Company)

347 Lloyd Avenue
(Address)

Providence, RI 02906
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph L. Orlando, CPA at (401) 654-5030
(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

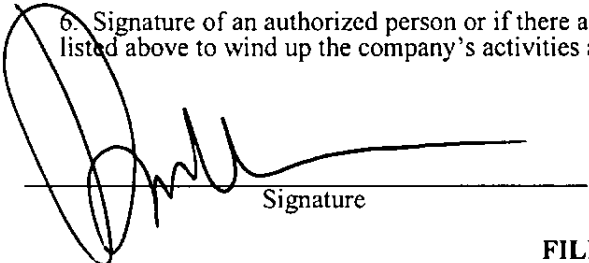
1. The name of a limited liability company is
Building 7815 Crespi, LLC
2. The Articles of Organization were filed on 05/28/2013 and assigned
document number L13000076631
3. The delayed effective date the dissolution if not effective on the date of filing: June 30, 2016
(effective date cannot be prior 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).
Sales of property and all major assets

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Andrey Shilaev
347 Lloyd Avenue
Providence, RI 02906

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

Andrey Shilaev
Printed Name

FILING FEE: \$25.00

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: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

Description of information that must be included in a written claim:

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SECRETARY OF FLORIDA
FALLS BURGESS, FLORIDA
16 JUN 14 AM 11:31

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

Printed Name of the Person Filing

Signature of the Person Filing

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