

L13 000077305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

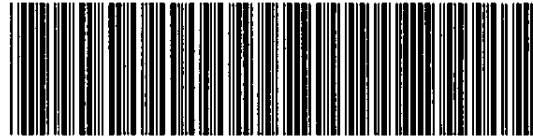
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/18/15--01004--022 \*\*25.00

FILED

2015 FEB 18 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan FEB 24 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOCA ISLES ENTERTAINMENT 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:

ANTONIO C SILVA

(Name of Person)

ANTONIO C SILVA

(Firm/Company)

10893 KING BAY DR

(Address)

BOCA RATON, FL 33498

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO C SILVA

(Name of Person)

561

at ( )

866-8861

(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**

FILED

2015 FEB 18 PM 12: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
BOCA ISLES ENTERTAINMENT LLC
2. The Articles of Organization were filed on 05/28/2013 and assigned  
document number L13000077305
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)
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).  
UNABLE TO PURSUE BUSINESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: ANTONIO C SILVA  
10893 KING BAY DR  
BOCA RATON, FL 33498  
\_\_\_\_\_
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

ANTONIO C SILVA

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**