

213000085264

(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



000308448720

02/01/18--01021--021 **25.00

FILED
18 FEB -1 9:21
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOSCANO 503N, 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:

Maria I. Landa-Posada

(Name of Person)

Landa-Posada P.A.

(Firm/Company)

6080 SW 40 Street #4

(Address)

Miami, Fl. 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

M.L. Posada

(Name of Person)

at (305) 476-9050

(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

TOSCANO 503N, LLC

2. The Articles of Organization were filed on 06/12/2013 and assigned

document number L13000085264

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)

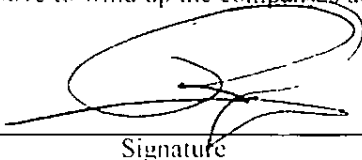
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

voluntary dissolution

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

PAPA, RAPHAEL K

Printed Name

FILING FEE: \$25.00

FILED
18 FEB -1 AM 9:21
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

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: TOSCANO 503N, LLC

Document number of Limited Liability Company is: L13000085264

Date of dissolution was: 1/22/18

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

FILED
18 FEB - 1 4 9 21
TALLAHASSEE FLORIDA

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

c/o Mario Velez P.A.
18030 SW 40 St.
Suite B
Miami, FL 33165

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.

PAPA, RAPHAEL K

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