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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
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Chacial Instructions to	Filipa Officer			
Special Instructions to Filing Officer:				
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Office Use Only



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III. WELL IT PH 5: 81

COVER LETTER

	vision of Corporations				
SUR IFCT.	Consolidated Properties of Reid S	treet, LLC			
SOBJECT.	(Name of Limited Liability Company)				
The enclose	ed Articles of Dissolution and fee(s) are submit	ed for filing			
	n all correspondence concerning this matter to	-			
	Joseph Siska		T: 2		
(Name of Person)		5			
	Port Consolidated, Inc.		2114 JUL 17		
	(Fin	n/Company)			
	PO BOX 350430		് ^ര ഗ		
		Address)	<u> </u>		
	Fort Lauderdale, FL 33335				
	(City/Ste	te and Zip Code)			
For further	information concerning this matter, please call:				
Joseph Siska		954 377-1010			
	(Name of Person)	at () (Area Code & Daytime Telep	hone Number)		
Enclosed is	a check for the following amount:				
		- \$55.00 Filing Fee, Certificate of Certified Copy (additional copy			
	MAILING ADDRESS:	STREET/COURIE	R ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporat	ions		
	P.O. Box 6327	Clifton Building	10113		
	Tallahassee, FL 32314	2661 Executive Cent Tallahassee, FL 3230			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil Consolidated Properties	• •			
2.	The Articles of Organizatio	n were filed on 7/9/2013	and assigned		
	document number L13000	0097366			
3.	The delayed effective date (effective	e delayed effective date the dissolution if not effective on the date of filing: 7/1/2014 (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).				
	Business was never started.				
			28H		
			A: E		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs:	Joseph Siska	7.		
	•	PO BOX 350430	कि. स्थान		
		Fort Lauderdale, FL 33335			
	·				
6. lis	Signature of an authorized sted above to wind up the co	person or if there are no members, the mpany's activities and affairs:	signature of the person appointed and		
	LAIN	Joseph F	R. Siska		
-	Signature		Printed Name		

FILING FEE: \$25.00