

L130000099799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

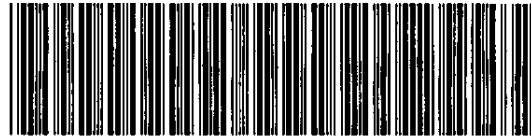
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

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Office Use Only



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04/07/14--01023--021 \*\*25.00

FILED

14 APR - 7 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 8 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Revel Miami 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:

Isabelle Calderon

(Name of Person)

Revel Miami LLC

(Firm/Company)

701 San Juan Drive

(Address)

Coral Gables, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Isabelle Calderon

(Name of Person)

917

at (

359-1319

(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**  
14 APR -7 AM 10:07  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Revel Miami LLC
2. The Articles of Organization were filed on 07/15/2013 and assigned  
document number L13000099799
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).  
Not a profitable business model. Decided to close 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: Isabelle Calderon  
701 San Juan Drive  
Coral Gables FL 33143  
\_\_\_\_\_
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:

Isabelle Calderon  
Signature

Isabelle Calderon  
Printed Name

**FILING FEE: \$25.00**