LIBOOOGAGA

(F	Requestor's Name)	
(A	(ddress)	
(A	Address)	,
(C	ity/State/Zip/Phone #)	
PICK-UP	. WAIT	MAIL
(E	Business Entity Name)	
([Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIO)

16 BIG 15 PM L: L1

AUG 1 6 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Eh 1656 Polk Stre	et, 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:	
Ernesto H	hurtado = =	
	of Person)	
H Partner	's L(C) = 5	
799 Brickell	of Person) (S LLC Company) P/KZA Shute 608 Endess)	
Miani F2 3 (City/State a	dracet	
(City/State a	nd Zip Code)	
For further information concerning this matter, please call:		
Eva Hurtado	_at (305), 793-8808	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution CK#1404 (A Partners)	\$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR Á LIMITED LIABILITY COMPANY

1. The name of a limited liability 165	15 company is Street, LLC
2. The Articles of Organization	were filed on $\frac{7/2-6/13}{}$ and assigned
document number <u>L13</u>	000/06202
(effective Note: If the date inserted in the	ne dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) tis block does not meet the applicable statutory filing requirements, this date will not be ive date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section spen 605.0707 on back cover letter). The Was profession of the Figure 1.
12,80,0	or the 13 real to 19 the constant
5. If there are no members, enter activities and affairs:	er the name and address of the person appointed to wind up the company's
	799 Brichell Maza, Suite 608
	Miani F2 33/3/
6. Signature of an authorized p listed above to wind up the com	erson or if there are no members, the signature of the person appointed and apany's activities and affairs:
	Fra Hurtado
Signature	Printed Name

FILING FEE: \$25.00