

LL30000158676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

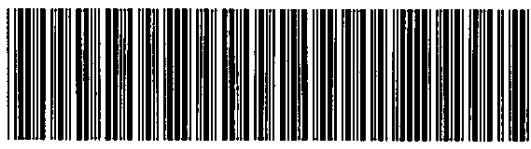
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271094282

03/27/15--01028--014 **25.00

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
2015 MAR 27 AM 9:47

AND DISC
10 3/30/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDA II, 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:

LUIS F. ROSALES

(Name of Person)

PREMIER FINANCIAL SERVICES

(Firm/Company)

5931 NW 179 R. SUITE 9

(Address)

MIAMI, FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS F. ROSALES

(Name of Person)

954

243-6742

at (

_____) _____
(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 27 AM 8:47

1. The name of a limited liability company is
IDA II, LLC

2. The Articles of Organization were filed on 11/12/2013 and assigned
document number L13000158676

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014
(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).
By unanimous agreement, all members consent to the 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:

MARIANA RIVAS
Signature

MARIANA RIVAS
Printed Name

FILING FEE: \$25.00

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: IDA II, LLC

Document number of Limited Liability Company is: L13000158676

Date of dissolution was: 12/31/2014

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

Nature of Claim with amount along with name, address, and telephone number.

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

1710 NW 105 AVE

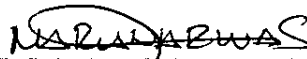
PEMBROKE PINES

FL 33026

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.

MARIANA RIVAS

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