Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226 Fax Number : (305)442-4829

## LLC DISSOLUTION OR WITHDRAWAL 2614 BIARRITZ DRIVE, LLC

Certificate of Status	1
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## COVER LETTER

TO:	Registration Section Division of Corporations						
SURIN	2614 BIARRITZ DRIVE, LLC						
SUBJECT: (Name of Limited Liability Company)							
The one	closed Articles of Dissolution and fee(s) are submit	ted for filing.					
Picase t	return all correspondence concerning this matter to	the following:					
	LAURA KOHN						
	(Name of Person)						
	ARAZOZA & FERNANDEZ-FRAGA P.A.						
	(Firm/Company)						
	2100 SALZEDO STREET, SUITE 300						
	(	Address)					
	CORAL GABLES, FL 33134						
	(City/\$ta	te and Zip Code)					
For furt	her information concerning this matter, please call:						
LAURA KOHN		305	444-6226 x 233				
	(Name of Person)	(Arta Co	ode & Daytime Tolaphone 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 onclosed)					
	MAILING ADDRESS: Registration Section		EET/COURIER ADDRESS: stration Section				
Division of Corporations		Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314		on Building Executive Center Circle				
	1 ananassee, 115 123 14		hassee, FL 32301				

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١,	2614 BIARRITZ DRIVE	•				
2.	The Articles of Organization	n were filed on	11/25/2013	and assigned		
	document numberL13	000164925				
3.	The delayed effective date the defective	filing: DATE OF FILING date document is received for filing)				
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 505,0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	THIS LIMITED LIABILITY COMPANY IS BEING DISSOLVED BY THE					
	CONSENT OF ALL THE MEMBERS.					
Э.	activities and affairs:	er the name and ac	udress of the person appor	nted to wind up the company's		
6. lis	Signature of an authorized p	person or if there and any's activities a	re no members, the signat and affairs:	ure of the person appointed and		
کـ	Signature	. ) U		RODRIGHEZ GALLAD		
		FILI	ING FEE: \$25.00	IAS		