L 13000 165356

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (National) |
| |
| (City/State/Zip/Phone #) |
| . : PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer |
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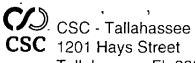
Office Use Only



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2023 DEC 21 AH 10: 42

RECEIVED
2023 DEC 21 PM 3: 47



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/21/23

Order #: 1357173-5

Re: Parcel C1 Property, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

-Enclosed-please-find: - · · · - - -

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: | PARCEL C1 PROPERTY, LLC | | | | |
|---|---|---|--|--|--|
| (Name of Limited Liability Company) | | | | | |
| | | | | | |
| The enclosed | Articles of Dissolution and fee(s) are submi | tted for filing. | | | |
| Please return | all correspondence concerning this matter to | the following: | | | |
| | NANCY HILL | | | | |
| | (Name of Person) | | | | |
| | CODINA PARTNERS LLC | | | | |
| · | (Firm/Company) | | | | |
| | 2020 SALZEDO STREET 5TH FLOOR | | | | |
| (Address) | | | | | |
| | CORAL GABLES FL 33134 | | | | |
| | (City/St | ate and Zip Code) | | | |
| For further int | formation concerning this matter, please call | l: | | | |
| | NANCY HILL | 305 529-1300 at (| | | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a ch | neck 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) | | | |
| <u>Mail</u> | ing Address: | Street Address: | | | |
| Registration Section | | Registration Section | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| | | A LIMITED LIABILITY COMP | ANY FILES | |
|--------------------------------|--|--|---|--|
| 1. | The name of a limited liab PARCEL C1 PR | • • | FILED 2023 DEC 21 AM 10: 42 | |
| 2. | The Articles of Organizati | on were filed on 11/25/2013 | and assigned STATE | |
| (| document numberL1300 | 00165356 | | |
| 3. | Note: If the date inserted in | the dissolution if not effective on the date educe cannot be prior to or more than 90 days late this block does not meet the applicable statusective date on the Department of State's recor | tory filing requirements, this date will not be | |
| 4. 6 | A description of occurrence 05.0707, Florida Statutes, | e that resulted in the limited liability com (copy 605.0707 on back cover letter). | pany's dissolution pursuant to section | |
| COMPANY IS NO LONGER OPERATING | | | | |
| | If there are no members, el | nter the name and address of the person a FEDERICO (RICK) MORENO | ppointed to wind up the company's | |
| • | activities and arrairs. | C/O CODINA PARTNERS LLC | | |
| | | 2020 SALZEDO STREET 5TH FLOOR | | |
| | | CORAL GABLES FL 33134 | | |
| 6. S abo | Signature of an authorized we to wind up the compan | person or if there are no members, the sign's activities and affairs: | gnature of the person appointed and listed | |
| | the. | | A MANAGER, LLC. ITS MANAGER BY ICO (RICK) MORENO. VICE PRESIDENT | |
| | Signature | | Printed Name | |

FILING FEE: \$25.00