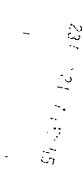
L13000113911

(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:					
J. HORNE					
DEC 2 2 2023					

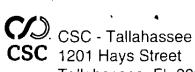
Office Use Only



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TÄLLAHASSI E FIGURE



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 #: 1357173-1

Re: Codina Parcel C2 Holdings, 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:

120000000195

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

	CODINA PARCEL C2 HOLDINGS, LL	c					
SUBJECT: _	(Name of Limited Liability Company)						
The enclosed a	Articles of Dissolution and fee(s) are submi	tted for tiling.					
	Il correspondence concerning this matter to						
r rease return a	in correspondence concerning this matter to	othe following.					
	NANCY HILL						
	(Name of Person)						
	CODINA PARTNERS LLC						
	(Fir	rm/Company)					
	2020 SALZEDO STREET 5TH FLOOR						
	(Address)						
	CORAL GABLES FL 33134						
	(City/St	ate and Zip Code)					
For further inf	ormation concerning this matter, please call	1:					
	NANCY HILL	305 529-1300					
	(Name of Person)	at (
	,,						
Enclosed is a ch	eck for the following amount:						
■ \$25.0	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution &					
		Certified Copy (additional copy is enclosed)					
-		-					
	ng Address:	Street Address:					
_	stration Section	Registration Section					
	sion of Corporations	Division of Corporations					
	Box 6327 thassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
ratte	massee, the Depth	Tallahassee FL 32303					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liab	ility company is EL C2 HOLDINGS, LLC		5		
2.	The Articles of Organizati	on were filed on 12/17/2013		_ and assigned		
	document numberL1300	00173971				
3.	Note: If the date inserted in	te the dissolution if not effective on the date of filing: 12/31/2023 tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be ffective date on the Department of State's records.				
4.	A description of occurrence 605.0707, Florida Statutes.	te that resulted in the limited l (copy 605.0707 on back cove	liability company's dis er letter).	ssolution pursuant to section		
	COMPANY IS NO LONGE	COPERATING				
						
-	If there are no members a	ntar the name and address of	the person appointed t	o wind up the company's		
٠.	activities and affairs:	mbers, enter the name and address of the person appointed to wind up the company's FEDERICO (RICK) MORENO				
		C/O CODINA PARTNERS	LLC			
		2020 SALZEDO STREET 5TH FLOOR				
5. ab	Signature of an authorized ove to wind up the compan	person or if there are no men y's activities and affairs:	nbers, the signature of	the person appointed and listed		
	1/-			GER, LLC, ITS MANAGER BY K) MORENO, VICE PRESIDEN		
_	Signature		Printed	Name		

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations CODINA PARCEL C2 HOLDINGS, LLC SUBJECT: (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: NANCY HILL (Name of Person) CODINA PARTNERS LLC __(Eirm/Company) 2020 SALZEDO STREET 5TH FLOOR (Address) CORAL GABLES FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: NANCY HILL (Area Code & Daytime Telephone Number) (Name of Person) 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303