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| (Requestor's Name) |
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| |
| (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: |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE ELGARE

COVER LETTER

| • | gistration Section vision of Corporations | | |
|-----------------------|--|------------------------------|---|
| SUBJECT: | Everglades 508 LLC | | |
| SUBJECT. | (Name of Limited | Liability Compar | ny) |
| The enclose | d Articles of Dissolution and fee(s) are submitted | I for filing. | |
| Please return | n all correspondence concerning this matter to the | e following: | |
| | Nicole Villarroel, Esquire | | |
| | (Name | of Person) | • |
| | Hackleman, Olive and Judd, P.A | | |
| | (Firm/ | Company) | |
| | 2426 E. Las Olas Boulevard | | |
| | (Ac | idress) | |
| | Fort Lauderdale, FL 33304 | | |
| | (City/State | and Zip Code) | |
| For further i | information concerning this matter, please call: | | |
| N | icole Villarroel, Esquire | 954 | 334-2250 |
| | (Name of Person) | | ode & Daytime Telephone Number) |
| Enclosed is a | check for the following amount: | | |
| √ \$25 | 5.00 Filing Fee and Certificate of Dissolution | | g Fee, Certificate of Dissolution & opy (additional copy is enclosed) |
| | MAILING ADDRESS: Registration Section | Regis | EET/COURIER ADDRESS: stration Section |
| | Division of Corporations P.O. Box 6327 | | sion of Corporations on Building |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | the name of a limited liability company is | | | | |
|---------------------|---|--|--|--|--|
| | Everglades 508 LLC | | | | |
| 2. | The Articles of Organization were filed on 1/2/2014 and assigned ocument number L1400000039 | | | | |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: (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). Consent of all member(s). | | | | |
| 5. | f there are no members, enter the name and address of the person appointed to wind up the company's ctivities and affairs: | | | | |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and above to wind up the company's activities and affairs: Nicole Villarroel, Esquire | | | | |
| - | Signature Printed Name | | | | |
| FILING FEE: \$25.00 | | | | | |