

L14 0000 54818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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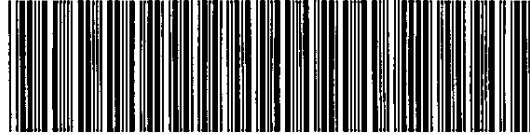
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 JUN 28 PM 12:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Villa del Sol 621 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:

Tiffany Berkshire Iraheta
(Name of Person)

(Firm/Company)

7201 SW 58 St
(Address)

Miami, FL 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Berkshire Iraheta at (786) 251-0726
(Name of Person) (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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Villa del Sol 621 LLC

2. The Articles of Organization were filed on 4/3/14 and assigned

document number L14 000054818

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

I sold the property associated
with this corporation. ##

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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:


Signature

Tiffany Berkshire Traheta
Printed Name

FILING FEE: \$25.00

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Officer/Registered Agent Name****Florida Limited Liability Company**

VILLA DEL SOL 621 LLC

Filing Information

| | |
|------------------------|--------------|
| Document Number | L14000054818 |
| FEI/EIN Number | APPLIED FOR |
| Date Filed | 04/03/2014 |
| Effective Date | 04/03/2014 |
| State | FL |
| Status | ACTIVE |

Principal Address2202 KEY WEST CT, UNIT 621
KISSIMMEE, FL 34741**Mailing Address**PO BOX 14-1631
CORAL GABLES, FL 33114

Changed: 03/19/2015

Registered Agent Name & AddressBiscayne Dental Center
14771 BISCAYNE BLVD
N. MIAMI BCH, FL 33181

Name Changed: 03/19/2015

Authorized Person(s) Detail**Name & Address**

Title MGR

Tiffany Berkshire Iraheta Trust
14771 BISCAYNE BLVD
N. MIAMI BCH, FL 33181

Title AR

BERKSHIRE IRAHETA, TIFFANY
PO BOX 14-1631
N. MIAMI BCH, FL 33114FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
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4/23/2016

Detail by Officer/Registered Agent Name

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2015 | 03/19/2015 |

Document Images

| | |
|--|--|
| <u>03/19/2015 -- ANNUAL REPORT</u> | View image in PDF format |
| <u>04/03/2014 -- Florida Limited Liability</u> | View image in PDF format |

State of Florida Department of State

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