LI40000 Losez

(Re	questor's Name)		
(Add	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

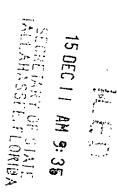
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DEC 1 3 2015 J SHIVERS

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Americas Commercial Realty, 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:

Lawrence S. Klitzman

(Name of Person)

Klitzman Law Group, PLLC

(Firm/Company)

1391 Sawgrass Corporate Parkway

(Address)

Sunrise, FL 33323

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence S. Klitzman

,,954

384-4421

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Americas Commercial Realty, LLC		
2.	The Articles of Organization were filed on 04/14/201	4 and assigned	
	document number L140000606862	_	
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 limit 605.0707, Florida Statutes, (copy 605.0707 on back of	ed liability company's dissolution pursuant to section cover letter).	
	The Consent of all the Members pursuant to Fl. Stat. 605.	•	
-	. If there are no members, enter the name and address	· · · · ·	
J.	activities and affairs:	or the below appointed to what of the county of	
	activities and attaus:		
		<u> </u>	
		F.S.	
		<u> </u>	
6 li	5. Signature of an authorized person or if there are no isted above to wind up the company's activities and al	members, the signature of the person appointed and fairs:	
	for	Jonathan E. Aibel	
_	Signature	Printed Name	

FILING FEE: \$25.00