

3/5/2019

Division of Corporations

FAX AUDIT NO.: H190000744523

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227

LLC DISSOLUTION OR WITHDRAWAL
TOWHEE 3630 LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2019 MAR -5 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

H. MILLIGAN

MAR 06 2019

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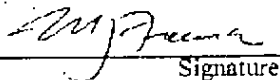
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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
TOWHEE 3630 LLC
2. The Articles of Organization were filed on APRIL 28, 2014 and assigned
document number L14000069136
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).
Pursuant to the occurrence of an event described in s. 605.0701(1)-(3), the LLC shall deliver for filing articles of
dissolution as provided in this section. The dissolution of the LLC was approved by its sole member and its
activities and affairs must be wound up.
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

Michael J. Freeman, Trustee, AMBR
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: TOWHEE 3630 LLC

Document number of Limited Liability Company is: L14000069136

Date of dissolution was: _____

Description of information that must be included in a written claim:

NAME AND ADDRESS OF CLAIMANT, DESCRIPTION OF CLAIM AND AMOUNT OF CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

153 SEVILLA AVENUE
CORAL GABLES, FL 33134

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MICHAEL J. FREEMAN, TRUSTEE, AMBR

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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