

L14 000096510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2021 OCT 27 PM 12:47  
CLERK OF COURT  
STATE  
FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARRP MIAMI III, 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:

RITA M RICO

(Name of Person)

C/O CRESCENT HEIGHTS

(Firm/Company)

2200 BISCAYNE BOULEVARD

(Address)

MIAMI, FLORIDA 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

RITA M RICO

(Name of Person)

305

374-5700

at ( )

(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 Address:**

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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2012 DEC 27 PM 12:47

DEPARTMENT OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

ARRP MIAMI III, LLC

2. The Articles of Organization were filed on 06/16/2014 and assigned

document number L14000096510

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).

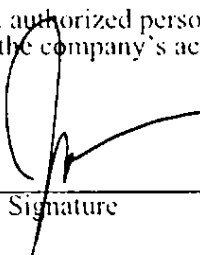
BUSINESS CLOSED.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: JONATHAN NEWBERG

2200 BISCAYNE BOULEVARD

MIAMI, FLORIDA 33137

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

JONATHAN NEWBERG

Printed Name

FILING FEE: \$25.00