

L14 0001 04961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

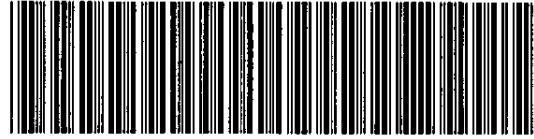
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 FEB -4 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers FEB 11 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOFTIN PLACE NS 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:

Nader Salour  
(Name of Person)  
Cypress Realty of Fla LLC  
(Firm/Company)  
1907 Commerce Lane, Ste. 103  
(Address)  
Jupiter, FL 33458  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Cesaro at ( 561 ) 768-9288  
(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

LOFTIN PLACE NS LLC

2. The Articles of Organization were filed on 07/01/2014 and assigned

document number L14000104961

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)

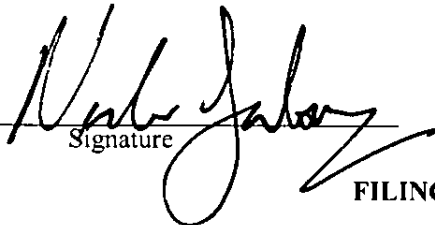
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Voluntary Dissolution

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

Nader Salour  
Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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