114000/05/06

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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COVER LETTER

	gistration Section vision of Corporations						
SHRIPOT.	CIELO PROPERTIES, LLC						
SUBJECT:(Name of Limited Liability Company)							
	d Articles of Dissolution and fee(s) are submit n all correspondence concerning this matter to	•					
	GEORGES HADAD						
	(Name of Person)						
	(Firm/Company)						
	10592 NW 67th Terrace						
	(Address)						
	Doral, FL 33178 (City/Sta	ate and Zip Code)					
For further i	nformation concerning this matter, please call	l:					
Ge	eorges Hadad	786 at (389-0953	23	- - 103 - 113 - 113		
_	(Name of Person)		ode & Daytime Telephone Number)	55.0	77.71 - 12.51 - 12.51		
Enclosed is a	check for the following amount:				27.7		
■ \$25.00 Filing Fee and Certificate of Dissolution			g Fee, Certificate of Dissolution & Copy (additional copy is enclosed)	AM 11: 12	OF STATE ORATION		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre	Section Corporations of Tallahassee nroe Street, Suite 810				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabilit	y company is	
CIELO PROPERTIES, LLC		
2. The Articles of Organization		and assigned
document number L14000103	5106	
Note: If the date inserted in th	e dissolution if not effective on the date late cannot be prior to or more than 90 days later is block does not meet the applicable statuto we date on the Department of State's records	ry filing requirements, this date will not be
4. A description of occurrence t	hat resulted in the limited liability comp opy 605.0707 on back cover letter).	any's dissolution pursuant to section
Unanimous Written Consent of	• •	
Unanimous Written Consent of t		
5. If there are no members, ente activities and affairs:	r the name and address of the person app	pointed to wind up the company's 2
		AHTT: 12
6. Signature of an authorized po above to wind up the company's	erson or if there are no members, the sign activities and affairs:	nature of the person appointed and listed
	GEORGES HA	DAD
Signature		Printed Name

FILING FEE: \$25.00

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:	
Document number of Limited Liability Company is: L14000	105106
Date of dissolution was:	
Description of information that must be included in a written	n claim:
Basis of the claim, amount of the claim, name and address of the	Claimant, and whether the claim is secured.
	* ,
Mailing address where claims can be sent: (Claims cannot b	e sent to the Division of Corporations)
GEORGES HADAD	
10592 NW 67TH TERRACE	
DORAL, FL 33178	
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no	
GEORGES HADAD	
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