L14000 11/2719

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500293033495

12/12/16--01009--010 **25.00

SECRETARY OF STATE

S Warren DEC 13 2016



TO: Registration Section Division of Corporations
SUBJECT: heigh 3412 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:
Julia Pekars Kaya (Name of Person)
(Firm/Company)
3412 Leigh Road (Address)
Pompano Beach FL 33062 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$25.00 Filing Fee and Certificate of Dissolution

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	• • •
Leigh	3412 LLC
	n were filed on September 12, 2014 and assigned
document number	<u>4 000 14 2 719</u>
Note: If the date inserted in th	he dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.
4. A description of occurrence of 605.0707, Florida Statutes, (c	that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
<i>f</i>	NOT IN BUSINESS
5. If there are no members, ento activities and affairs:	Julia Pe Kars Kaya
6. Signature of an authorized polisted above to wind up the com	person or if there are no members, the signature of the person appointed and appany's activities and affairs:
Lexanskon Signature	FILING FEE: \$25.00 Printed Name FILING FEE: \$25.00
Signature	