# L14 000 154740

(Requestor's Name)  (Address)	
	1003786
(Address)	Effective Note
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/29/210
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	it is a solution

Office Use Only



638661

12/21/21

11010--018 \*\*25.00

JAN 1 0 2022

D CUSHING

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

### ITS TURNBERRY LLC

SUBJECT:

(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:

Jose Selanikio	_		
(Name of Person)			
The Benhayoun Law Firm			
(Firm/Company)	_		
12000 BISCAYNE BLVD., SUITE 221			
(Address)	_		
NORTH MIAMI, FL 33181		2021 [	
(City/State and Zip Code)		030	, i.a
For first in Community and a major this matter planes will		29	T - 43
For further information concerning this matter, please call:	1 13	<u> </u>	ង <b>4 ប្</b> អម្ប
Jose Selanikio 305 434-8233	in -	PH 12:	
(Name of Person) (Area Code & Daytime Telephone Num	nber)	)   	

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

<ol> <li>The name of a limited lia</li> </ol>	bility company is			
ITS TURNBERRY LLC				
2. The Articles of Organiza	tion were filed on 10/03/	2014	and assigned	
document number L1400	00154740	<del></del>		
Note: If the date inserted	te the dissolution if not ef- tive date cannot be prior to or m in this block does not meet the fective date on the Departme	he applicable statutory:	n date document is received to	e inng)
A description of occurrer 605.0707. Florida Statute	nce that resulted in the lims, (copy 605.0707 on back	nited liability compan k cover letter).	y's dissolution pursuant	to section
Unanimous written consent	by the all Members of the C	ompany to dissolve the	Company.	
5. If there are no members.	enter the name and addres	es of the person appo	inted to wind up the com	
activities and affairs:	enter the name and address	ss of the person appo		
activities and arrains.				C 29
				P# 12:
			·*·	::: 00 -::
<ol> <li>Signature of an authorize isted above to wind up the or</li> </ol>	d person or if there are no company's activities and a	o members, the signat affairs:	ure of the person appoint	ted and
Mat		Jose Selanikio		
Signature		P	rinted Name	

FILING FEE: \$25.00