

L140000156164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

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04/20/15--01006 -015 **25.00

FILED
15 APR 20 PM 12:20
TALLAHASSEE, FLORIDA
STATE

APR 30 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELVEN AT BRICKELL

(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:

ADRIANA MONTANI

(Name of Person)

BELVEN AT BRICKELL

(Firm/Company)

2950 GLADES CIR, UNIT 10

(Address)

WESTON, FL 33327

(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIANA MONTANI

(Name of Person)

954

at ()

6684157

(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**

FILED
15 APR 20 PM 12:20
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

BELVEN AT BRICKELL, LLC

2. The Articles of Organization were filed on OCTOBER 6, 2014 and assigned

document number L14000156164

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).

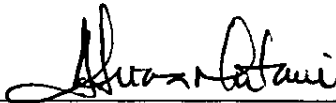
COMPANY WAS CREATED TO PURCHASE A REAL ESTATE PROPERTY BUT

CLOSING WASN'T POSSIBLE. COMPANY IS NOT NEEDED AT THE MOMENT.

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

2950 GLADES CIR, UNIT 10, WESTON FL 33327

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

ADRIANA MONTANI

Printed Name

FILING FEE: \$25.00