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(F	Requestor's Name)				
(/	Address)				
(<i>f</i>	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions t	o Filing Officer:				





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16 MAR -3 AM 8: 51

MAR 0 4 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 973996 7732494

AUTHORIZATION

COST LIMIT : U \$\,\cdot 25.00

ORDER DATE : January 27, 2016

ORDER TIME : 12:51 PM

ORDER NO. : 973996-015

CUSTOMER NO: 7732494

DOMESTIC FILINGS

NAME: AREAS CBH LAX JV, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Areas CBH LAX JV, 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:

Esther Sardiña				
(Name of Person)				
Areas USA				
(Firm/Company)				
5301 Blue Lagoon Dr., Suite 690				
(Address)				
Miami, FL 33126				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Esther Sardina 305 267-8510 (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 AREAS CBH LAX JV, LLC	y company is				
2.	The Articles of Organization	were filed on	04/2014	and assigne	d	
	document number L14000173	!125	•			
3.	The delayed effective date the (effective date) Note: If the date inserted in the listed as the document's effective date.	late cannot be prior to or is block does not mee	r more than 90 days late ≭ the applicable statut	r than date document is rece ory filing requirements, the		
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	No longer pursuing business.					
5.	If there are no members, ente	er the name and add	•	ppointed to wind up the	company's	
					16	
					——————————————————————————————————————	
					- Se - 5	
					AH &	
6. lis	Signature of an authorized per ted above to wind up the com	rson or if there are pany's activities and	no members, the sig d affairs:	gnature of the person a	****	
	Smith	•	Alberto Serrato			
	Signatura			Printed Name		
		EII IN	C FFF. \$25.00			

COVER LETTER

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