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SECRETARY OF STATE ALLAHASSEE, FLORIDA

BL VORISEK
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: East Boca PB, 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	e following:			
Amy Blair Booth				
(Name of Person)				
(Firm/Company)				
701 NE Harbour Terrace, #101				
(Address)				
Boca Raton, FL 33431				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Amy Blair Booth	_{at} 954 895-9829			
(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:	STREET/COURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	1. The name of a limited liability company is	=				
	East Boca PB, LLC					
2.	2. The Articles of Organization were filed on 01/20/2015	and assigned SS	0CT 24			
	document number L15000011028	E FLO	AM 10: 45			
3.	3. The delayed effective date the dissolution if not effective on the dat (effective date cannot be prior to or more than 90 days late Note: If the date inserted in this block does not meet the applicable statut listed as the document's effective date on the Department of State's record	r than date document is received for for for for filing requirements, this date very filling requirements.	iling)			
4.	4. A description of occurrence that resulted in the limited liability com 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	otion of occurrence that resulted in the limited liability company's dissolution pursuant to section. Florida Statutes, (copy 605.0707 on back cover letter).				
	By this written consent, the sole Member of the limited liability company a	uthorizes and directs the dissolution	on 			
	of the limited liability company.	· · · · · · · · · · · · · · · · · · ·				
5.	5. If there are no members, enter the name and address of the person a activities and affairs:	ppointed to wind up the compa	iny`s			
6. lis	6. Signature of an authorized person or if there are no members, the si listed above to wind up the company's activities and affairs:	gnature of the person appointed	d and			
	amy Blow Boot Amy Blair Boo					
	Signature	Printed Name				
	√ FILING FEE: \$25.00					