

# L15000018364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/27/15--01001--003 \*\*55.00

RECEIVED  
DEPARTMENT OF STATE  
15 FEB 26 PM 2:16  
TO ADOPTED  
SUFFICIENCY OF FILING

FILED  
2015 FEB 26 AM 10:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 27 2015

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**TB BISCAYNE LLC****L15000018364****Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> <b>Dissolution/Withdrawal</b>	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> <b>LLC</b>	<input type="checkbox"/> Name Registration	
<input checked="" type="checkbox"/> <b>Dissolution</b>	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> <b>Certified Copy</b>	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input checked="" type="checkbox"/> <b>Dissolution</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

2/26/2015

**ST**

Order#:  
**9457613**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**  
2015 FEB 26 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
TB BISCAYNE LLC

2. The Articles of Organization were filed on 01/30/2015 and assigned  
document number L15000018364

3. The delayed effective date the dissolution if not effective on the date of filing: 02/26/2015  
(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).

Lender required the entity to be a Delaware entity.

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

19950 West Country Club Drive, 10th Floor

Aventura, FL 33180

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

Jonathan Z. Kurry, attorney-in-fact

Printed Name

**FILING FEE: \$25.00**