

Division of Corporations

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H180001436763

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I20000000093
Phone : (305) 932-6262
Fax Number : (305) 933-9393

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2018 MAY -4 PM 12:53

FILED

LLC DISSOLUTION OR WITHDRAWAL

SIMJA 803, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2018 MAY -8 AM 10:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MAY 09 2018
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMJA 803, 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:

Daniel J. Serber

(Name of Person)

Serber & Associates, P.A.

(Firm/Company)

2875 NE 191st street, Suite 801

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Maya Frenkiel

(Name of Person)

at (305.) 932.6262

(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
2461 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
SIMJA 803 LLC

2. The Articles of Organization were filed on 2/13/2015 and assigned document number L15000027539.

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

All the members have consented in writing to the dissolution of the limited liability company as they are no longer conducting Business with the company _____

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

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

Printed Name

Miguel Hirschen - Manager

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STATE DEPT OF STATE
TALLAHASSEE FLORIDA