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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

: E ALEX ORTIZ, CPA, PA Account Name

Account Number : 120180000017 : (305)340-2000 Phone : (786)953-6246 Fax Number

LLC DISSOLUTION OR WITHDRAWAL 5058 WYNWOOD INVESTORS, LLC

Certificate of Status	0
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T. LEMIEUX JUN 30 2022

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 5058 WYNWOOD INVESTORS, 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:

ALEX ORTIZ, CPA
(Nume of Person)

E ALEX ORTIZ, CPA, PA

2727 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA at (305) 340-2000 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S25.00 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 compar 5058 WYNWOOD INVESTORS, LLC	ny is
2. The Articles of Organization were file	d on and assigned
document numberL15000039004	
3. The delayed effective date the dissolut (effective date cannot Note: If the date inserted in this block delisted as the document's effective date on	be prior to or more than 90 days later than date document is received for filing) bes not meet the applicable statutory filing requirements, this date will not b
	ted in the limited liability company's dissolution pursuant to section 0707 on back cover letter).
(c) Unless otherwise provided in the articl	es of organization or operating agreement, upon the written consent of
5. If there are no members, enter the nan	ne and address of the person appointed to wind up the company's
6. Signature of an authorized person or i listed above to wind up the company's ac	f there are no members, the signature of the person appointed and ctivities and affairs:
$^{\times}$ ()///// $M \circ \sim$	RAFAEL SANCHEZ
Signature	Printed Name
<i>†</i>	FILING FEE: \$25.00