

115000070800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

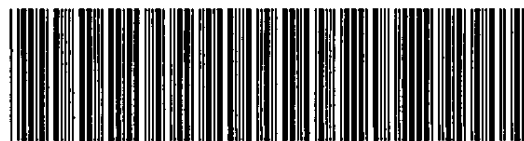
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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18 APR 13 AM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

APR 16 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1240 Harbor City, 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:

H.B. Stivers  
(Name of Person)

Levine & Stivers, LLC  
(Firm/Company)

245 E. Virginia Street  
(Address)

Tallahassee, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

H.B. Stivers at (850) 222-6580  
(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)

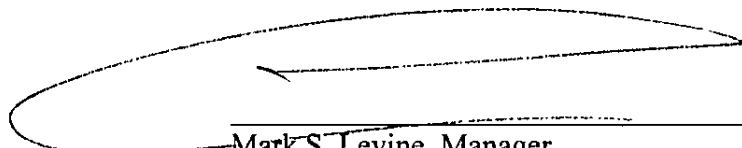
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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 the limited liability company is 1240 Harbor City, LLC.
2. The Articles of Organization were filed on April 22, 2015, and assigned document number L15000070800.
3. The effective date of the dissolution is upon filing.
4. A description of the occurrence that resulted in the limited liability company's dissolution, pursuant to Section 605.0707, Florida Statutes, is the consent of the members obtained on December 31, 2017.

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:

  
\_\_\_\_\_  
Mark S. Levine, Manager

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APR 19 AM 3:55  
SECRETARY OF STATE  
FLORIDA

**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION**

This Notice is submitted by the dissolved limited liability company named below, for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Names of Limited Liability Company: 1240 Harbor City, LLC.

Document Number of Limited Liability Company is: L15000070800.

Date of Dissolution was: Upon filing of the Articles with the Secretary of State.

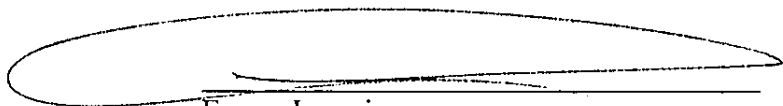
Description of Information That Must be Included in a Written Claim:

The full legal name and address of the person and/or entity making the claim; the amount claimed; date the debt was allegedly incurred; the name of the individual incurring the debt on behalf of the company; a copy of any invoice or other bill evidencing the debt; and, a detailed factual basis for the alleged debt.

Mailing Address Where Claims can be Sent:

c/o Levine & Stivers, LLC  
245 East Virginia Street  
Tallahassee, FL 32301

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.



Emran Imami  
Member / Manager

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