15000070814

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
_	Office Use Only	



900283905179

04/07/16--01011--010 **35.00



Aprollo



FLORIDA DEPARTMENT OF STATE ALLAMASSIE FLORIDA OF CORPORATIONS FALLAMASSIE FLORIDA DEPARTMENT OF STATE FALLAMASSIE FROM FROM

2316 MAY 13 PM 1:01

April 11, 2016

IVETTE LOAIZA **1846 MAYO ST** HOLLYWOOD, FL 33020

SUBJECT: IL PROPERTY MANANGEMENT LLC

Ref. Number: L15000070814

We have received your document for IL PROPERTY MANANGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 616A00007347

TO: Registration Section Division of Corporations	
SUBJECT: Il PRoperty Manageme. (Name of Limited Liability Company)	nt lle
(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:	
Ivette Loaiza (Name of Person)	
(Name of Person)	,
12 Phopenty magen (Firm/Company)	rent lle
1846 mayo st (Address) Hollywood 40 330 (City/State and Zip Code)	
(Address)	
Hoflywood Fl 330	1070
(City/State and Zip Code)	
For further information concerning this matter, please call:	
INCHE COaren at (305)	244-6684
(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 Fe	ee, Certificate of Dissolution &

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

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR ' A LIMITED LIABILITY COMPANY

	The name of a limited liability company is IL PROPERTY Management LLC.
2.	The Articles of Organization were filed on $\frac{4/3}{15}$ and assigned
	document number <u>L15000070814</u>
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).
	A decided not to go into business do to health reasons.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Velle Coaira
	1846 Mayo St
	Hollywood, FL 33000
	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Pette Soay Ivette Loaise
	Signature Printed Name
	FILING FEE: \$25.00
	ASS SECTION OF THE SE