

L15000079206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

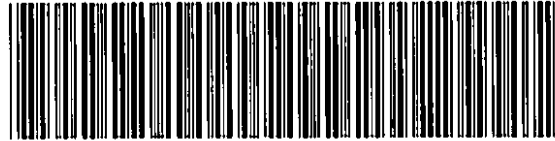
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STATE  
OFFICE, FL

END

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 03/30/2021

Acc#120160000072

*Eric DW*

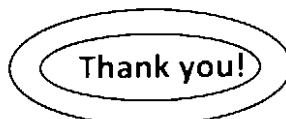
Name:	Macricorp South Beach LLC
Document #:	
Order #:	13599165

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
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Amount: \$ 25.00
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Macricorp South Beach 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:

Ryan J. Coyle

(Name of Person)

McDermott Will & Emery LLP

(Firm/Company)

333 SE 2nd Avenue, Suite 4500

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan J. Coyle

(Name of Person)

305

329-4479

at ( )

(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 a limited liability company is

Macricorp South Beach LLC

2. The Articles of Organization were filed on May 5, 2015 and assigned

document number 1.15000079206

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).

The consent of all the members to dissolve the limited liability 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:

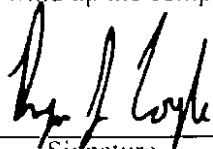
Stephen Macricostas

333 SE 2nd Avenue, Suite 4500

Miami, FL 33131

2015 MAY 9 9:26 AM  
STATE  
OFFICE  
FL

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

Ryan J. Coyle

Printed Name

**FILING FEE: \$25.00**