

L15000112260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

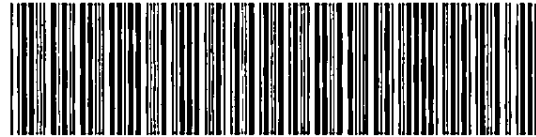
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400323899064

02/01/19--01017--003 **30.00

2019 FEB -1 AM 11:27
FILED

D. BRUCE
FEB 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2415 NE 194 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:

Ricardo Halfen

(Name of Person)

2415 NE 194 LLC

(Firm/Company)

18200 NE 19th Ave. Ste. 101

(Address)

North Miami Beach, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo Halfen

(Name of Person)

at 305 851-2130

(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

2019 FEB -1 AM 11:27

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

2415 NE 194 LLC

2. The Articles of Organization were filed on 06/29/15 and assigned

document number L15000112260

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018

(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.

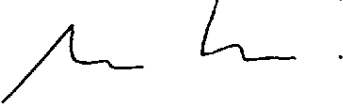
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

The Company was created to hold an asset for inversion, the asset was sold and therefore there is no more need

for the Company to remain active and we want to dissolve it.

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

Ricardo Halfen

Printed Name

FILING FEE: \$25.00

2019 FEB -1 AM 11:27
FILED

FILED