

45000129960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

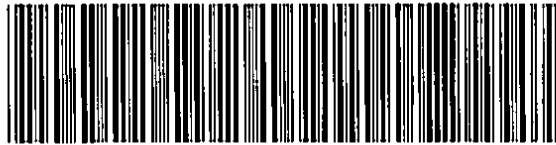
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17 AUG -3 AM 10:59

SCOTT  
TALLAHASSEE, FL 32301

D SCOTT

AUG 4 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 11300 Properties, 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:

YADIRA MARTINEZ  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 161442 (MAILING ADDRESS)  
(Address)

MIAMI FL 33116  
(City/State and Zip Code)

For further information concerning this matter, please call:

YADIRA MARTINEZ at (305) 582-8668  
(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)

RECEIVED  
2017 AUG -3 PM 12:12

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

DP

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

1. The name of a limited liability company is

11300 PROPERTIES, LLC

2. The Articles of Organization were filed on 7/29/2015 and assigned

document number L15000129960

3. The delayed effective date the dissolution if not effective on the date of filing: 7/31/2017  
(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).

VOLUNTARY DISSOLUTION

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

YADIRA MARTINEZ

10835 SW 112 AVE #302

MIAMI FL 33176

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:

Yadira Martinez  
Signature

YADIRA MARTINEZ  
Printed Name

**FILING FEE: \$25.00**