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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARBOSA LEGAL Account Number : 720110000049 Phone : (305)501-4680 Fax Number : (305)359-9543

LLC DISSOLUTION OR WITHDRAWAL UFFICI CRANDON KEY BISCAYNE, LLC

Certificate of Status	1 1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

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CRETARY OF STATE. LAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section Division of Corporations

UFFICI CRANDON KEY BISCAYNE, 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:

Bruna Barbosa, Esq.	
(Name of Person)	
Barbosa Legal	
(Finn/Company)	
407 Lincoln Road PH-NE	
(Address)	<u> </u>
Miami Beach, FL 33139	
(City/State and Zin Code)	

For further information concerning this matter, please call:

Bruna Barbosa

(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 Fcc, 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

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is		
	UFFICI CRANDON KEY BISCAYNE, LLC		
2.	The Articles of Organization were filed on 08/06/2	2015 and assigned	
	document number 1.15000133068		
3.	The delayed effective date the dissolution if not effective date cannot be prior to or in Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department.	nore than 90 days later than date document is received for fili he applicable statutory filing requirements, this date wil	ng) ll not b
4.	A description of occurrence that resulted in the lim 605.0707, Florida Statutes, (copy 605.0707 on back	nited liability company's dissolution pursuant to so	ection
	Unanimous consent of members, per operating agreement	nt	_
5.	If there are no members, enter the name and address	ss of the person appointed to wind up the company	y's
	activities and affairs:	D _S	
		500 CAR	
		RAS	
		SEE	
		A TE	
6. lis	Signature of an authorized person or if there are no sted above to wind up the company's activities and a	o members, the signature of the person appointed a	ind
	/s/ Bruna Barbosa	Bruna Barbosa, authorized representative	
	Signature	Printed Name	_

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Bruna Barbosa

Printed Name of the Person Filing

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 s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Date of dissolution was: 12/21/2015		
Description of information that must be included in a written claim:		
		
	SEC SEC	<u></u>
	DEC 2 I RETAR AHASS	Service of the servic
Mailing address where claims can be sent: (Claims cannot be sent to the Division of C		
Barbosa Legal	8: 4.	A. Contract
407 Lincoln Road PH-NE		
Miami Beach, FL 33139		
	_	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Bruna Barbosa

Digitally signed by Bruno Barboss DN: en=Bruno Barbosa, a, so, email=bbarbosa@barbosalegal com, c=US Date: 2016-12/21/13/63/27/45/07

Signature of the Person Filing