

L15000158089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

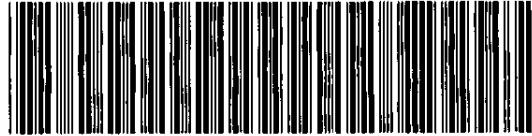
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 14 AM 8:46
TALLAHASSEE, FLORIDA

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OCT 17 2016

Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 330788 7732494

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : October 14, 2016

ORDER TIME : 1:05 PM

ORDER NO. : 330788-020

CUSTOMER NO: 7732494

DOMESTIC FILINGS

NAME: AREAS HTC DEN JV, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Areas HTC DEN JV , 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:

Claudia Oliva

(Name of Person)

Areas HTC DEN JV , LLC

(Firm/Company)

5301 Blue Lagoon, Suite 609

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Oliva

(Name of Person)

at 305 267-8510

(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

Areas HTC DEN JV, LLC

2. The Articles of Organization were filed on 09/18/2015 and assigned

document number L15000158089

3. The delayed effective date the dissolution is 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).

Dissolution pursuant to the terms of the operating agreement

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

activities and affairs:


Kirk Weiss

5301 Blue Lagoon Dr Ste. 690

Miami, FL 33126

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16 OCT 14 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Kirk Weiss

Printed Name

FILING FEE: \$25.00