

L15000 160139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

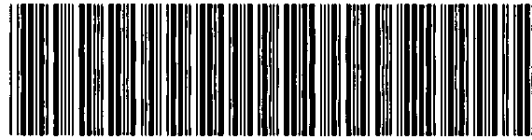
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 OCT 12 AM 8:38  
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TALLAHASSEE, FLORIDA  
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OCT 13 2015  
J. HARRIS

**Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**MIAMI-DADE LEASING III-F, LLC**

**L15000160139**



**Thank you!**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment                                | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                     |   |   |
| <input type="checkbox"/> Foreign                       | <input checked="" type="checkbox"/> <b>Dissolution/Withdrawal</b> | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement                            |   |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report                            | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> <b>LLC</b>         | <input type="checkbox"/> Name Registration                        |   |
| <input checked="" type="checkbox"/> <b>Dissolution</b> | <input type="checkbox"/> Fictitious Name                          | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photocopies                              | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call If Problem                          |   |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait                                | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                      |   |   |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
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 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

10/12/2015

**ST**

Order#:  
**9729235**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami-Dade Leasing III-F, 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:

David Stephen Hope, Esq.

(Name of Person)

Assistant County Attorney, Miami-Dade County

(Firm/Company)

111 NW First Street, 28th Floor

(Address)

Miami, Florida 33128

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa S. Weitz

(Name of Person)

at ( 305 ) 577-7000

(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  
Miami-Dade Leasing III-F, LLC
  
2. The Articles of Organization were filed on September 16, 2015 and assigned  
document number L15000160139
  
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).  
Written consent of the sole member 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:  
Frank P. Hinton  
111 NW First Street, Suite 2550  
Miami, Florida 33128  
\_\_\_\_\_
  
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

Frank P. Hinton  
Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**