

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L15000160142

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To:
Division of Corporations
Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
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SECRETARY OF STATE
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**LLC DISSOLUTION OR WITHDRAWAL
MIAMI-DADE LEASING III-A, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Help

OCT 08 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami-Dade Leasing III-A, 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-A, LLC


2. The Articles of Organization were filed on September 16, 2015 and assigned
document number L15000160142

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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