# 115000175497

	. <u> </u>				
	(Requestor's Name)				
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
L					



400316653714

08/13/18-+01030-+024 \*\*/25.00

FILED
TALLAHASSEE, TLOROUS
AUG 15 2018
S. YOUNG

Office Use Only

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

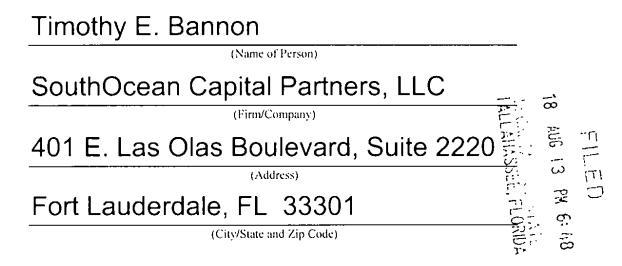
SUBJECT:

### SO District Co-Invest, LLC

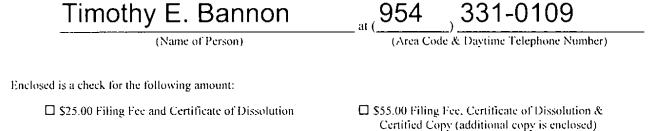
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:



#### 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

١.	The name of a limited liability company is						
	SO District Co-Invest, LLC						
2.	The Articles of Organizatio	n were filed on _	October 15, 2015	and assigned			
	document number L150001	75497					
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 605.0707, Florida Statutes, (			's dissolution pursuant to section			
Winding down entity							
5.	If there are no members, en activities and affairs:	ter the name and Timothy E. Bar	• • • • • • • • • • • • • • • • • • • •	nted to wind up the company's			
		SouthOcean Ca	apital Partners, LLC				
		401 E. Las Olas	s Boulevard, Suite 2220	ALL: 8			
		Fort Lauderdale	e, FL 33301				
6. lis	Signature of an authorized patterns sted above to wind up the cor	person or if there mpany's activitie	e are no members, the signatures and affairs:	ire of the person appointed and 60 48			
	18 BZ		Timothy E. Bannon				
	Signature		Pr	inted Name			

FILING FEE: \$25.00