<u>L15000192194</u>

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800285886408

05/20/16--01014--028 **25.00



MAY 23 2016 J SHIVERS

COVER LETTER

Division of Corporations
SUBJECT:
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gabriel Soare (Name of Person) Laterrace Motel LLC (Firm/Company) 600 N Surf Rt
Holly wood Beach Flor/da 33019 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (360) 609-0037 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Begin{align*} \mathbb{\$\su}\$ \ma

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
	La lerrage Motel LLC
2.	The Articles of Organization were filed on $1/1/2/2015$ and assigned
	document number <u>L 15000 192 194</u>
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).
	New management pas taken over
	motel as of maylet 2016.
	Thouk you 50 5
	AY 20
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Gabriel Soare
	800 Par Kview Dr Apt 708
	Hollandale Beach FL 7833009
	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
U	Signature Gabriel Some

FILING FEE: \$25.00