L16 0000 24996

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 12 2016 S. YOUNG

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Plaza Cella, LLC	
Document number of Limited Liability Company is: L16000024996	
Date of dissolution was: July 5, 2016	
Description of information that must be included in a written claim:	
Provide a reasonable description of the claim against	
Plaza Celia, LLC, including the amount of such	
claim, all documentation to support such claim and the service	ces
or goods provided to Plaza Celia, LLC that	
created such claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	JUL 12 F
Wells & Wells, P.A.	PH 2:
540 Biltmore Way	4
Coral Gables, FL 33134	
Attn: Thomas O. Wells	

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Thomas O. Wells

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00