_
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spoke to Mana Flar who gave Permission to not file the Notice of LLC Dissolution.

Office Use Only



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11/28/17--01011--024 \*\*25.00

**B FIGUEROA** DEC 19 2017



November 29, 2017

**AURELIO FLOR** 

17650 SW 87 AVE MIAMI, FL 33157

SUBJECT: AVIKTOR PROPERTIES LLC

Ref. Number: L16000032990

We have received your document for AVIKTOR PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Need mailing address where claims can be sent.

Please return the corrected original and one copy of your document along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 417A00024055

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

## **AVIKTOR PROPERTIES LLC**

SUBJECT:

(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:

MIAMI FL 33157
17650 SW 87 AVE
(Firm/Company)
AVIKTOR PROPERTIES LLC
(Name of Person)
AURELIO FLOR & MARIA C FLOR

(City/State and Zip Code)

For further information concerning this matter, please call:

AURELIO FLOR	<sub>at (</sub> 305	ຸ233 0381
(Name of Person)	Vame of Person) (Area Code & Da	
Enclosed is a check for the following amount:		
■ \$25.00 Filing Fee and Certificate of Dissolution		Fee, Certificate of Dissolution &

#### **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  AVIKTOR PROPERTIES LLC			
2.	The Articles of Organization were filed on 02/16/2016 and assigned			
	document number L16000032990			
3.	The delayed effective date the dissolution if not effective on the date of filing: 11/17/2017  (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 b 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).			
	All members have agreed to close this company.			
	Reason being this company is no longer being used.			
	All members are Aurelio Flor & Maria C Flor			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's			
	activities and affairs:			
	CRE DEC			
	SSC 8			
	<u> </u>			
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:			
	AURELIO FLOR			
	Signature Printed Name			
	FILING FEE: \$25.00			