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COVER LETTER

TO:

TO:		ration Section on of Corporations	
SUBJE	2.000	ARLYLE SOUTH BEACH, LLC	
0000		(Name of Limit	ted Liability Company)
The en	closed A	rticles of Dissolution and fee(s) are submit	ated for filing.
Please	return al	I correspondence concerning this matter to	the following:
		MAY-MAY HORCASITAS	
		(Nat	me of Person)
		CARLYLE SOUTH BEACH, LLC	
		(Fir	m/Company)
		1100 BRICKELL BAY DRIVE, APT. #	\$ 81-N
			(Address)
		MIAMI, FLORIDA 33131	
		(City/Sta	ate and Zip Code)
For fur	ther info	rmation concerning this matter, please call	:
	MAY-	MAY HORCASITAS	786 631-1973
		(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclose	ed is a che	ck for the following amount:	
į	≣ \$ 25.00	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	Mailin	ng Address:	Street Address:
	_	stration Section	Registration Section
		ion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee
		hassee, FL 32314	2415 N. Monroe Street, Suite 810
	i arrai	100000(11000011	Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is CARLYLE SOUTHBEACH, LLC
2.	The Articles of Organization were filed on MARCH 7TH, 2016 and assigned
	document number
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.
	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). NO LONGER IN BUSINESS SINCE 3/8/2019
	NO LONGER IN BUSINESS SINCE 3/8/2019
	NO LONGER IN BUSINESS SINCE 3/8/2019
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed nove to wind up the company's activities and affairs: MAY MAY Au HOPCASITAS Signature FILING FEE: \$25.00 OUNGRING MONEY.