

L16000072636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

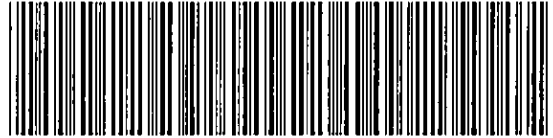
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900338490369

2019 DEC 27 A 9 33  
FILED  
CLERK OF COURT  
IN LAUDERDALE COUNTY  
FLORIDA

2019 DEC 27 A 9 33

FILED

2019 DEC 27 4 13 56

DEC 30 2019  
T. LEMIEUX

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 12/27/19**

**NAME: K260 SOUTH BEACH ROAD, LLC**

**TYPE OF FILING: DISSOLUTION**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
K260 SOUTH BEACH ROAD, LLC

2. The Articles of Organization were filed on 04/14/2016 and assigned  
document number L16000072636

3. The delayed effective date the dissolution is 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).  
Consent of all the members.

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. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs: \_\_\_\_\_

Signature

Diego Rico

Printed Name

**FILING FEE: \$25.00**

FILED  
2017 DEC 27 A 4:33  
TALLAHASSEE, FLORIDA