

(Red	questor's Name)	
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OCTOB 2018

## **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT: 5714 N  DOCUMENT NUMBE			es, LLC	
The enclosed Notice of I	imited Liability C	Company Dissolution	and fee are submit	ted for filing.
Please return all correspo	_	this matter to the follo	owing:	
	(Name of C	Contact Person)		2018
(Name of Contact Person)  AMR Law Firm, P.A.				001
	(Firm	/Company)		555
P.O. Box 340	180			<b>A</b>
	(Ad	ldress)		- AMII: 30
Tampa, FL 33694				אר פו
	(City/State	e and Zip Code)		
For further information c	oncerning this matt	er, please call:		
Angela Reime	er	_at (813_)	475-6067	
(Name of Con	tact Person)	(Area Code)		none Number)
Enclosed is a check for the	ne following amour	nt:		
	530 Filing Fee & rtificate of Status	□ \$55 Filing Fee & Certified Copy (Additional copy is encle	□ \$60 Filing Certificate of osed) Certified Cop (Additional copy	Status &
MAILING ADDR Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations	An Div Cli	REET ADDRESS: nendment Section vision of Corporation from Building of Executive Center	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability	ty company is			
	5714 N 32nd Street Properties.	LLC		,	
2.	The Articles of Organization	were filed on 4/19/16		and assigned	
	document number L1600007	9584	_		
3.		date cannot be prior to or mo its block does not meet th	ore than 90 days later than date d e applicable statutory filing re	ocument is received for filing) quirements, this date will not b	c
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limicopy 605,0707 on back	ted liability company's dis cover letter).	solution pursuant to section	
	No longer manging property.				
	· · · · · · · · · · · · · · · · · · ·				
		-		201	
5.	If there are no members, ent	er the name and address	s of the person appointed to	wind up the company's	Ĩ
	activities and affairs:	Angela Reimer		<u> </u>	
		AMR Law Firm, P.A.			Ţ
		P.O. Box 340180			
		Tampa, FL 33694	-		
	Signature of an authorized parties of a specific parties of a			the person appointed and	
		۸			
			Angela Reimer Printed	Name	
	Signature	****		rvanic	
	V	FILING	FEE: \$25.00		