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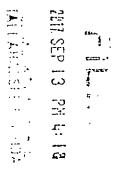
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J. HARRIS

COVER LETTER

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Division of Corporations					
Office Equities, LLC	•				
(Name of Limited Lia	bility Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for	filing.				
Please return all correspondence concerning this matter to the fol	lowing:				
Irving J. Diaz					
(Name of Person)					
(Firm/Company)					
Post Office Box 821874					
(Address)					
Pembroke Pines, FL 33082					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
·	954	644-8900 Daytime Telephone Number)			
(Name of Person)	(Area Code &	Daytime Telephone Number)			
Enclosed is a check for the following amount:					
■ \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited lia Office Equities, LLC.	bility company is			·		
2. The Articles of Organiza	tion were filed on _	09/06/2017	and assig	gned		
document numberL16	000081827					
3. The delayed effective dat (effect Note: If the date inserted listed as the document's ef	ive date cannot be prior in this block does not	to or more than 90 days late meet the applicable statute	r than date document is r ory filing requirements	received for filing)		
4. A description of occurrer 605.0707, Florida Statute	nce that resulted in t s, (copy 605.0707 o	the limited liability com on back cover letter).	pany's dissolution p	oursuant to section		
Pursuant to Section 605.070	1(2.) by Consent of a	ill Members, hereby Volu	ntarily Dissolved.			
5. If there are no members, activities and affairs:	enter the name and Irving J. Diaz	address of the person a	ppointed to wind up	the company's		
	Post Office Box 821874					
	Pembroke Pines	s, FL 33082				
6. Signature of an authorize listed above to wind up the	ed <u>person</u> .or-if-there company's activitie	e are no members, the si es and affairs:		SEP 13		
Signature	;		Printed Name			
	FI	LING FEE: \$25.00		4: 100		