L16000095602

(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:

J. HORNE

OCT 20 2025

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DIVISION OF CORPORATIONS
2025 OCT 17 PM 12:32

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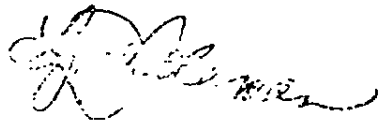
CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 10/17/25
Order #: 4566247-2
Re: 16000 Pines Investments Holdings Member, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:



Enclosed please find:
Application for Dissolution/Cancellation/Termination
Amount to be deducted from our State Account: $25.00 - FL State Account Number: I20000000195

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
16000 PINES INVESTMENTS HOLDINGS MEMBER, LLC

2. The Articles of Organization were filed on May 19, 2016 and assigned

document number L16000095602

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.

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).
The Company was dissolved upon the consent of the members of the Company.

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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

Lazaro Vazquez, Esq., Authorized Person
Printed Name

FILING FEE: $25.00

DIS-595009