

L16000121972

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

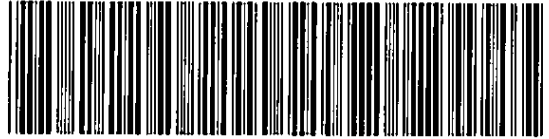
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DATE: 12/11/19

NAME: LOVINGSTON PLAZA, LLC

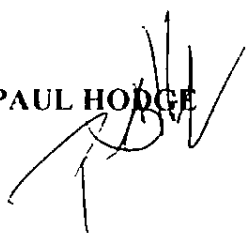
TYPE OF FILING: DISSOLUTION

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

Lovington Plaza, LLC

2. The Articles of Organization were filed on 06/24/2016 and assigned

document number L16000121972

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).

winding up of business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jonathan Silverman, Manager

406 W. Hillsboro Blvd.

Deerfield Beach, FL 33441

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

Jonathan Silverman

Printed Name

FILING FEE: \$25.00

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