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(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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06/10/20--010U/ -007 **25.0U



S. YOUNG

COVER LETTER

то:	TO: Registration Section Division of Corporations					
LAKE GROUP 2016 LLC SUBJECT:						
(Name of Limited Liability Company)						
The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:						
JULISSA ROSADO						
	(Name	of Person)				
	DCM SERVICES CENTER INC					
	(Firm/Company)					
	2529 W BUSCH BLVD STE 1000					
	(A	ddiess)				
	TAMPA, FLORIDA 33618					
	(City/State	e and Zip Code)				
For further information concerning this matter, please call:						
JULISSA ROSADO		813 990-8630				
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:						
į	S25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabilit	y company is			A	ייטאינוסיי
2.	The Articles of Organization		6	_ and assigned		AK 6: 44
	document number L1600013	8290	_		-	.
3.	(effective c Note: If the date inserted in the	the dissolution if not effective on the date of filing:				
4.	A description of occurrence t 605,0707, Florida Statutes, (c	hat resulted in the limit opy 605,0707 on back o	ed liability company's dicover letter).	ssolution pursi	ant to sec	ction
	BUSINESS IN NO LONGER	IN OPERATION	-			
	BUSINESS IN NO LONGER	IN OPERATION				
BUSINESS IN NO LONGER IN OPERATION						
						_
5.	If there are no members, enter activities and affairs:	r the name and address PABLO TORRES	of the person appointed	to wind up the	company	·s
		175 SW 7THST STE 1	512			_
		MIAMI, FL 33130				
6. ab	Signature of an authorized poove to wind up the company s	erson or if there are no is activities and affairs:	nembers, the signature of	f the person ap	pointed a	 nd listed
	N. tosses		PABLO TORRES			_
	Signature		Printer	4 Manie		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: LAKE GROUP 2016	LLC
Document number of Limited Liability Company is: L1600	0138290
Date of dissolution was:	
Description of information that must be included in a writte	en claim:
NAME, ADDRESS, NATURE OF CLAIM	
Mailing address where claims can be sent: (Claims cannot	be sent to the Division of Corporations)
175 S W 7TH ST STE 1512	
MIAMI FL 33130	
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this n	
ΩA	0-A
PABLO TORRES // Lomes	Signature of the Person Filing
Printed Name of the Person Filing	Signature of the Ferson Filling

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00