

L16000 138 290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

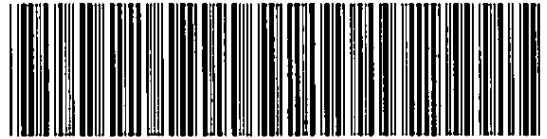
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900345570919

06/10/20--01001 -007 **25.00

JUN 29 2020
S. YOUNG

FILED
2020 JUN 10 AM 6:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE GROUP 2016 LLC

(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

(Address)

TAMPA, FLORIDA 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

JULISSA ROSADO

813

990-8630

at (_____) _____

(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
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**

2020 JUN 10 AM 6:44
FILED

1. The name of a limited liability company is
LAKE GROUP 2016 LLC

2. The Articles of Organization were filed on 7-25-2016 and assigned
document number L16000138290

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).

BUSINESS IN NO LONGER IN OPERATION

BUSINESS IN NO LONGER IN OPERATION

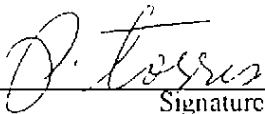
BUSINESS IN NO LONGER IN OPERATION

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

175 SW 7THST STE 1512

MIAMI, FL 33130

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

PABLO TORRES

Printed Name

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: L16000138290

Date of dissolution was: _____

Description of information that must be included in a written 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 will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PABLO TORRES

P. Torres
Printed Name of the Person Filing

P. Torres

Signature of the Person Filing

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