16000144685

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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JOSEPH AMINOFF, ESQ. 407 LINCOLN ROAD SUITE 6-C MIAMI BEACH, FLORIDA 33139 PHONE: (305) 354-7500 FAX: (305) 674-8344

May 23, 2018

.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re Zafiro 18, LLC. Articles of Dissolution Document Number: L16000144685

Dear Sir or Madam:

Please find enclosed herewith the Articles of Dissolution of Zafiro 18, LLC.

I enclose a check for \$25.00 for the filing fee and Certificate of Dissolution.

Thank you for your cooperation.

Sincere ośeph Aminoff, Eśg.

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Zafiro 18, 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:

(Name of Person)
aw Offices of Joseph Aminoff, P.
(Firm/Company)
07 Lincoln Road, Suite 6-C
(Address)
liami Beach, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Aminoff

(Name of Person)

Enclosed is a check for the following amount:

S25.00 Filing Fee and Certificate of Dissolution

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 305 354-7500

(Area Code & Daytime Telephone Number)

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is ZAFIRO 18. LLC

2. The Articles of Organization were filed on <u>August 2, 2016</u> and assigned

document number 1.16000144685

 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).
DECISION BY SOLE MANAGER OF THE LLC., GALILA LEIDER.

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

19355 TURNBERRY WAY, APT. 18 L

AVENTURA, FLORIDA 33180

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:

Jalila Leder Signature

GALILA LEIDER

Printed Name

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FILING FEE: \$25.00