

L16000185111

(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



500296976335

03/24/17--01003--025 **50.00

MAR 27 2017
S. YOUNG

17 MAR 24 PM 3:17

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arbor 48 Rentals 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:

Joseph Mamari

(Name of Person)

president

(Firm/Company)

9975 Royal cardigan way

(Address)

West Palm Beach FL 33411

(City/State and Zip Code)

FILED
STATE
SECRETARY OF
TALLAHASSEE, FL 32301
17 MAR 24 PM 3:17

For further information concerning this matter, please call:

Diana Mamari

(Name of Person)

at 561 6678884

(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/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

Arbor 48 Rentals LLC

2. The Articles of Organization were filed on 10/05/2016 and assigned

document number L16000185111

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)

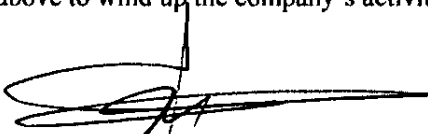
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

never been use

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

Joseph Mamari

Printed Name

FILING FEE: \$25.00

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 MAR 24 PM 3:17