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(re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
	siness Entity Name)
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(Do	cument Number)	
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Certified Copies	_ Centificates o	r Status
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COVER LETTER

то:		stration Section sion of Corporations			
SUBJI	ECT:	68V Miller's Crossing 2016, LLC			
	-	(Name of Limit	ted Liability Compa	any)	
The en	closed	Articles of Dissolution and fee(s) are submit	ted for filing.		
Please	return a	all correspondence concerning this matter to	the following:		
		Cynthia Raleigh, Esq.			
		(Nar	ne of Person)		
		Byrd Campbell, P.A.			
		(Fir	m/Company)		
		180 Park Avenue, N. Ste 2A			
		+	(Address)		2010 SEP
		Winter Park, FL 32789			
		(City/Sta	ite and Zip Code)		S
For fur	ther inf	ormation concerning this matter, please call:	:		PH 2: #0 ETTLORIDA
	Lou	Ann Reilly	407	392-2286	20 E
		(Name of Person)	at ((Area C	ode & Daytime Telephon	ne Number)
Enclose	d is a ch	neck for the following amount:			
[25. 0 \$ 25.0	0 Filing Fee and Certificate of Dissolution		ng Fee. Certificate of Diss Copy (additional copy is e	

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 68V Miller's Crossing 2016, LLC
2.	The Articles of Organization were filed on October 26, 2016 and assigned
	document number L16000197903
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).
	Written Consent to Action of the Member, pursuant to Fla. Stat. section 605.0701(2).
5.	If there are no members, enter the name and address of the person appointed to wind up the emparity sactivities and affairs:
	SSI U
	FLORIDA FLORIDA
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	NATHAN L. COX
	Signature Printed Name

FILING FEE: \$25.00