116000199574

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

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19 AUG 16 AM 9: 25

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O SIMMONS AUG 19 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195		
	REFERENCE	:			
	AUTHORIZATION	:	Spullelenan		
	COST LIMIT	:	\$ 25.00		
ORDER DATE :	August 16, 2019				
ORDER TIME :	1:20 PM				
ORDER NO. :	888247-005				
CUSTOMER NO:	5157078				
-		-			
DOMESTIC FILINGS					

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT# 62968

NAME: BISCAYNE COWBOYS, LLC

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT

Biscayne Cowboys, 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:

Mario Cader-Frech (Name of Person)		
1111 Lincoln Road, Suite 760		
(Address)		
Miami Beach, FL 33139		
(City/State and Zin Code)		

For further information concerning this matter, please call:

☐ \$25.00 Filing Fee and Certificate of Dissolution

Suset Lopez

(Name of Person)

at (305) 401-4286

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

MAILING ADDRESS:

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

STREET/COURTER ADDRESS:

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

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited l Biscayne Cowboys, LLC	ability company is	-
2. The Articles of Organiz	ation were filed on October 28, 2016	and assigned
document number L160	00199574	
Note: If the date inserted	ate the dissolution if not effective on the citive date cannot be prior to or more than 90 days in this block does not meet the applicable staffective date on the Department of State's rec	later than date document is received for filing) stutory filing requirements, this date will not
4. A description of occurre 605.0707, Florida Statuti	nce that resulted in the limited liability ces, (copy 605.0707 on back cover letter).	ompany's dissolution pursuant to section
Business purpose complete	•	
		AUG
		200
 If there are no members, activities and affairs: 	enter the name and address of the person Mario Cader-Frech	
	1111 Lincoln Road	
	Suite 760	
	Miami Beach, FL 33139	
. Signature of an authorize sted above to wind up the	d person or if there are no members, the company's activities and affairs:	signature of the person appointed and
ami	Mario Cader	-Frech
bignature		Printed Name

FILING FEE: \$25.00