116000221957

(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:	





000404403560



A. RIVERS MAY 1 3 2023

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FT. LAVDERDALE (Name of Limited L	iability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
NEIRI AMIRI (Name of		
(Firm/Co	es LLC ompany)	
<u>LeT-133 DA</u>	ress)	
FOREST HILLS (City/State ar	5 N 11375	
For further information concerning this matter, please call:		
NEIRI AMIRIAN (Name of Person)	at (<u>917</u>) <u>579 - 5857</u> (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	☐ \$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

1. The name of a limited liability company is			
	FT. LAUDERDALES LLC		
2.	The Articles of Organization were filed on DEC. 7, 201v and assigned		
	document number <u>L_1L000 221957</u>		
3.	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).		
THE PROPERTY HAS BEEN SOLD. LLC DWNS NO			
	OTHER ASSETS.		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:		
	NEIRI AMIRIAN SA 8		
	67-133 DARTHOUTH ST.		
	FOREST HILLS, NY 11375		
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	Meiri Amirian Signature NEIRI AMIRIAN Printed Name		

FILING FEE: \$25.00