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2018-04-30 15:14:56 (CST)

15122029573 From: Kimberly Laughrey

4/30/2018

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL 90 PINECREST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2018 MAY -1 AM 11:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY -1 AM 9:48

FILED

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K. SALY

MAY -2 2018

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
18 MAY -1 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
90 Pinecrest, LLC

2. The Articles of Organization were filed on 01/24/2017 and assigned
document number L17000019192

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):
No longer doing business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: NELKIN, MARK - P.O. BOX 81612 CHAMBLEE, GA 30366

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


Printed Name

FILING FEE: \$25.00