L17000 118 623

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Ruc	iness Entity Nar	me)			
(Dua	mess Entity Hai	nie)			
(Document Number)					
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200333649422

08/26/13--0101/ -014 ••25.66

2019 AUG 26 AM 9: 06

Y SULKER SEP 0 5 2019

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: JS N283WY 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:					
Sheryl Kass					
(Name of Person)					
Fontainebleau Development LLC					
(Firm/Company)					
19950 West Country Club Drive, 10th Floor					
(Address)					
Aventura, Florida 33180					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Yessie Rodriguez 305 682-4232					
(Name of Person) (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 &					

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

Certified Copy (additional copy is enclosed)

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: JS N283WY LLC
Document number of Limited Liability Company is: L17000118623
Date of dissolution was: 05/30/2017
Description of information that must be included in a written claim:
- Company of the comp
25
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 19950 West Country Club Drive, 10th floor
Aventura, Florida 33180
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Jeffrey Soffer
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name JS N283W	e of a limited liabi	ility company is		
2. The Artic	les of Organization	on were filed on $\frac{5/30/201}{}$	7aı	nd assigned
document	number <u>L170001</u>	118623	_	
Note: If	effectiv) the date inserted in	e date cannot be prior to or mo	ctive on the date of filing: _re than 90 days later than date docu applicable statutory filing requ t of State's records.	ment is received for filing) irements, this date will not b
4. A descrip 605.0707,	tion of occurrenc Florida Statutes,	e that resulted in the limit (copy 605.0707 on back)	ed liability company's disso	lution pursuant to section
	has ceased all busin	• • •	,	
	re no members, er and affairs:	nter the name and address Jeffrey Soffer	of the person appointed to v	vind up the company's 26
		19950 West Country Ch	ıb Drive, 10th Floor	
		Aventura, Florida 33180		1.5
6. Signature listed above	of an authorized to wind up the co	person or if there are no impany's activities and af	nembers, the signature of the fairs:	e person appointed and
11/1	7		Jeffrey Soffer	
Signature			Printed Na	ime

FILING FEE: \$25.00