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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Kapri Real Estate Holdings LLC					
(Name of Limited I	(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:				
Alvin Nassar	of Dercon)				
(Name of Person)					
(Firm/Company)					
3343 W Commercial Blvd \$103					
C 1 1 1 1 1 C 222 0 A					
Fort Lauderdali Fe 33309					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Alvin Nassar	at (954) 600 7418				
(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 & Certified Copy (additional copy is enclosed)				
Mailing Address: Registration Section	Street Address: Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	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	
	Kapri Keal Estate Holdings LLC	·
2.	The Articles of Organization were filed on 05/31/17 and assigned	
	document number <u>L17000119 193</u>	
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date listed as the document's effective date on the Department of State's records.	or filing) te will not be
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	to section
	No longer have any holdings within	<u>) </u>
	No longer have any holdings within	; ;
	-FV115 L.L.	
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	[V]	
5	If there are no mark to the state of the sta	 -
٥.	If there are no members, enter the name and address of the person appointed to wind up the com activities and affairs:	pany's
		
6.	Simply of an audinative I are the state of t	
o. ab	Signature of an authorized person or if there are no members, the signature of the person appoint ove to wind up the company's activities and affairs:	ed and listed
,		
(Signature AIVIO NO SSOC	
	Signature Printed Name	
	FILING FFF: \$25.00	