

L17000155715

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

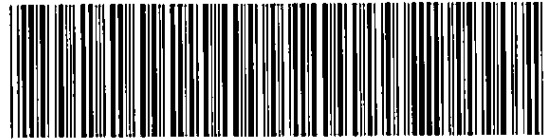
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J. HORNE

APR - 5 2023

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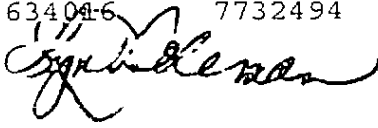
SECRETARY

2023 APR - 4 AM 11:45

REQUESTER

50

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 634016 7732494
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : April 3, 2023
ORDER TIME : 9:11 AM
ORDER NO. : 634016-005
CUSTOMER NO: 7732494

DOMESTIC FILINGS

NAME: AREAS G2G PHL JV, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Areas G2G PHL JV, 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:

Legal Dept.

(Name of Person)

Areas G2G PHL JV, LLC

(Firm/Company)

5301 Blue Lagoon Drive Suite 690

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Gustavo Bernardez

786

810-9405

at ()

(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
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**

2023 APR -4 AM 11:09
SECRETARY
TALLAHASSEE

1. The name of a limited liability company is

Areas G2G PHL JV, LLC

2. The Articles of Organization were filed on 07/17/2017 and assigned

document number L17000155715

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).

Non usage

Non usage

Non usage

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

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

Gustavo Bernardez

Printed Name

FILING FEE: \$25.00