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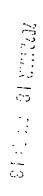
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3161 NORTH OCEAN (Name of Limited	SHORE BLVD. 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 th	e following:
VICTORIA (T JERVERIZZO
(Name	of Person)
-	-
(Firm/	Compuny)
97 HERO	N DrivE
(Ac	idress)
PALM COGST	FLORIDA 3213'7 and Zip Code)
(Chỳ/State	and hip Code)
For further information concerning this matter, please call:	
VICTORIA CERVERIZZO (Name of Person)	at (347) 582 - 8286 (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 P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2072 177 18 177 13

1.	The name of a limited liability company is 3161 NORTH OCEAN SHORE BLVD. LLC
2.	The Articles of Organization were filed on Aucust 4, 2017 and assigned
	document number <u>L17000166807</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 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 A RENTAL
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: VICTORIA CERVERIZZO PRESIDENT
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:

FILING FEE: \$25.00