

L17000239261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000323645230

FILED
19 JAN 24 PM 4:51
TALLAHASSEE, FLORIDA

RECEIVED
19 JAN 24 PM 1:47
TALLAHASSEE, FLORIDA

K SAIY

JAN 2 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 600571 7732494

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : January 24, 2019

ORDER TIME : 11:55 AM

ORDER NO. : 600571-005

CUSTOMER NO: 7732494

DOMESTIC FILINGS

NAME: AREAS DTW NORTH 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: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

January 25, 2019

CSC
EMILY CROFT

SUBJECT: AREAS DTW NORTH JV, LLC
Ref. Number: L17000239261

We have received your document for AREAS DTW NORTH JV, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 819A00001781

PROCESSED
19 JAN 28 PM 4:12

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

FILED
19 JAN 26 PM 4:51
STATE
FLORIDA

1. The name of a limited liability company is
AREAS DTW NORTH JV, LLC

2. The Articles of Organization were filed on 11/21/2017 and assigned
document number L17000239261

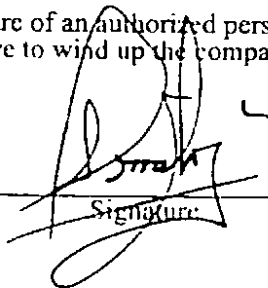
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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).

The company is not currently operating.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jose Alberto Serratos, Manager -5301 Blue Lagoon Dr. #690 Miami, FL 33126

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

Jose Alberto Serratos
Printed Name

FILING FEE: \$25.00