

L18000012804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

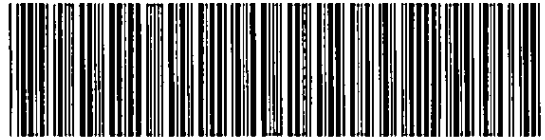
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2020 SEP 23 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FL

SEP 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERFATY Hotel Investments 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:

ROSALINDA SERFATY

(Name of Person)

SERFATY Hotel Investments LLC

(Firm/Company)

457 NE 194 Terrace

(Address)

Miami

(City/State and Zip Code)

For further information concerning this matter, please call:

Rosalinda

(Name of Person)

at

(386) 262 1630

(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

RECEIVED

JUN 26 2020

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

VERTIX ALIEN INVESTMENTS LLC

2. The Articles of Organization were filed on ~~01/16/2018~~ and assigned

document number

L 1400012804

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
working any more

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

Serfaty, Rosalinda

3029 NE 188th

Street apt 1021

aventura 33180

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

Printed Name

FILING FEE: \$25.00

FILED
2020 SEP 23 AM 10:18
CLERK OF STATE
TALLAHASSEE FL