18000036089

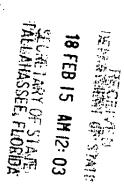
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



900308677349





FEB 1 8 2018 J. HARRIS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/15/18

NAME: ART AVENUE OWNER LLC

TYPE OF FILING: DISSOLUTION

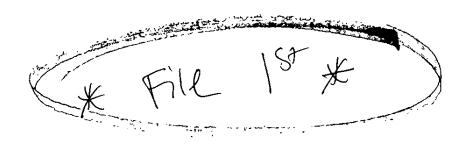
COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liab	ility company is			
Art Avenue Owner LLC				·
The Articles of Organization	on were filed on February	9, 2018	and assigned	
document number L180000	036089	_		
The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	e date cannot be prior to or mor this block does not meet the	e than 90 days later than date applicable statutory filing	document is received for	
A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limit (copy 605.0707 on back of	ed liability company's dover letter).	lissolution pursuant	to section
Art Avenue Owner LLC is a	Delaware limited liability con	mpany and was formed inc	orrectly as a Florida	
If there are no members, enactivities and affairs:	nter the name and address	of the person appointed	to wind up the con	npany's
,				
			<u></u>	
Signature of an authorized sted above to wind up the co	person or if there are no rompany's activities and aff	nembers, the signature of fairs:	of the person appoin	C273
Alt		Giselle Ciano, Authorize	ed Person	100 in
Signature			d Name	2N
\cup	FILING F	EE: \$25.00	•	ွှဲ တွာ