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(Re	equestor's Name)	
(Ad	ldress)	
	idress)	
(ric	idie33)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	- -
	Office Use On	



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COVER LETTER

TO:		ristration Section ision of Corporations					
SUBJ	ECT:	THE ENCLAVE LOT 10 LLC					
5020		any)					
		Articles of Dissolution and fee(s) are submit all correspondence concerning this matter to	_				
		JORGE R SALCEDO					
		(Na	me of Person)		~		
	SALCEDO ATTORNEYS AT LAW P.A.						
	(Firm/Company)						
	200 S BISCAYNE BLVD SUITE 2700						
			(Address)				
		MIAMI, FL 33131					
		(City/St	ate and Zip Code)				
For fur	ther in	nformation concerning this matter, please call	:				
	JOR	RGE R SALCEDO, ESQ.	305	375-0640			
		(Name of Person)	at ((Area C	Code & Daytime Telephone Number))		
Enclose	d is a c	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	The state of the s			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited li THE ENCLAVE LOT 10		
The Articles of Organiza	ation were filed on <u>05/31/2018</u>	and assigned
document number		
(effective Note: If the date inserted	te the dissolution if not effective on the date of filing tive date cannot be prior to or more than 90 days later than date in this block does not meet the applicable statutory filing ffective date on the Department of State's records.	te document is received for filing)
A description of occurre 605.0707, Florida Statute	nce that resulted in the limited liability company's es, (copy 605.0707 on back cover letter).	dissolution pursuant to section
Resolutions approving	dissolution of the company were adopted unanimo	ously by the members,
as permitted by the Flo	orida Revised Limited Liability Company Act.	
If there are no members, activities and affairs:	enter the name and address of the person appointed	d to wind up the company's
activities and arrairs.		. بَي
		2
		· · · · · · · · · · · · · · · · · · ·
Signature of an authorize	ed person or if there are no members, the signature any's activities and affairs:	of the person appointed and list
4	S BERNARD	OO AROSIO
Signatur	Print	ed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

. . .

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is:	
Date of dissolution was:DECEMBER 16, 2020	
Description of information that must be included in a written claim:	
Claims shall be in writing and include:	
Name and address of claimant;	
2. Claim amount	
3. Basis for the claim	
	:
Mailing address where claims can be sent: (Claims cannot be sent to the Division	on of Corporations)
950 BRICKELL BAY DR, APT 2511	
MIAMI, FL 33131	, i
	<u> </u>
A claim against the above named limited liability company will be barred unles claim is commenced within 4 years after the filing of this notice.	s a proceeding to enforce the
BERNARDO AROSIO Printed Name of the Person Filing Signature Signature	e of the Person Filing
Finited Maine of the Person Fitting Signatus	e of the Person Piling

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00