

L18000237227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

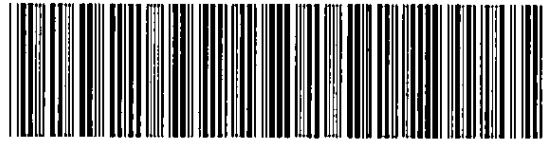
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COGENCYGLOBAL

115 N. CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **November 29, 2021**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1528805**

Entity Name: **MELROSE PLACE GP, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$25.00**

Signature: David Shulman

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E. 40th ST 10th FL
NY, NY 10016
800.221.0102
+1.212.947.7200

• EUROPEAN HQ
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2021

COGENCYGLOBAL

SUBJECT: MELROSE PLACE GP, LLC
Ref. Number: L18000237227

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TALLAHASSEE, FLORIDA

2021 NOV 29 PM 4:18

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 721A00028466

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2021 MAR 29 PM 6:11

1. The name of a limited liability company is

MELROSE PLACE GP, LLC

2. The Articles of Organization were filed on 10/15/2018 and assigned

document number L18000237227

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 entity is no longer needed.

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

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

Samantha Anderes, Treasurer

Printed Name

FILING FEE: \$25.00