

L18000265260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

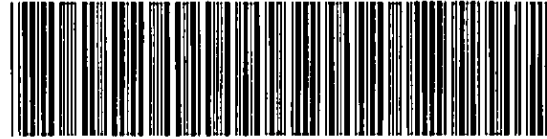
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/17/21--01049--002 \*\*25.00

2021 MAY 17 AM 7:38

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PAVILO GV, 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:

**Jose M. Torres**

(Name of Person)

**Fourshore Capital, LLC**

(Firm/Company)

**902 Ponce de Leon Blvd, Suite 700A**

(Address)

**Coral Gables, FL 33134**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Jose M Torres**

(Name of Person)

at ( **786** ) **535-4611**

(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)

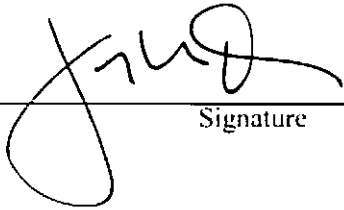
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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2021 MAY 17 AM 7:38

1. The name of a limited liability company is  
PAVILO PM, LLC
2. The Articles of Organization were filed on 11/13/2018 and assigned  
document number L18000265260
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 Members of PAVILO PM, LLC, (the "Company") resolved that it was in the best interests of  
the Company for the Company to assign all of the Company's assets, namely the ownership interests that the  
Company held in other entities (partnerships, limited liability companies) to its Members.  
To that end, the Company's Members approved and executed all necessary plans, consents and agreements.
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 M. Torres  
901 Ponce de Leon Blvd. Ste. 700A  
Coral Gables, FL 33134
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 Manuel Torres (Authorized Representative)  
\_\_\_\_\_  
Printed 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: Pavilo PM, LLC

Document number of Limited Liability Company is: L18000265260

Date of dissolution was: Date of Filing of Articles of Dissolution

Description of information that must be included in a written claim:

Name of claimant; address of claimant; nature of the  
claim; facts in which the claim is based; date of the events  
that give rise to the claim; legal disposition or legal theory in  
which the claim is based; remedy sought.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

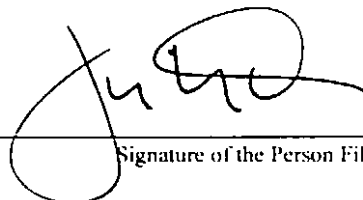
902 Ponce de Leon Blvd, Suite 700A

Coral Gables, FL 33134

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jose M. Torres

Printed Name of the Person Filing



Signature of the Person Filing

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