# L190001320

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### FILE 1st

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 8613/93 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: July 25, 2019 ORDER TIME : 5:17 PM ORDER NO. : 861393-005 CUSTOMER NO: 8894A DOMESTIC FILINGS NAME: MALTESE DIPLOMAT OWNER 100 LLC XX ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner - EXT#

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

#### MALTESE DIPLOMAT OWNER 100 LLC

SUBJECT:

(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:

OREN LIEBER, ESQ.

(Name of Person)

RITTER ZARETSKY LIEBER & JAIME, LLP

(Firm/Company)

2800 BISCAYNE BLVD., SUITE 500

(Address)

MIAMI, FLORIDA 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

OREN LIEBER, ESQ. 305

(Name of Person)

) \_\_\_\_\_\_

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

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab		
MALTESE DIPLOMAT OV	VNER 100 LLC	•
2. The Articles of Organization	on were filed on 5/15/	2019 and assigned
document number L190001	132075	<del></del> _
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effe	this block does not meet	effective on the date of filing:  more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will no nent of State's records.
4. A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the li (copy 605.0707 on ba	mited liability company's dissolution pursuant to section ck cover letter).
IT WAS FILED IN THE WR	ONG STATE.	
5. If there are no members, er activities and affairs:	iter the name and addr ARI PEARL	ess of the person appointed to wind up the company's
	C/O OREN LI	EBER, ESQ.
	2800 BISCA	YNE BLVD,M SUITE 500
	MIAMI, FLO	RIDA 33137
6. Signature of an authorized listed above to wind up the co	person or if there are impany's activities and	no members, the signature of the person appointed and affairs:
	-	OREN LIEBER, AUTHORIZED REP.
Signature		Printed Name

**FILING FEE: \$25.00**