

L19000245990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

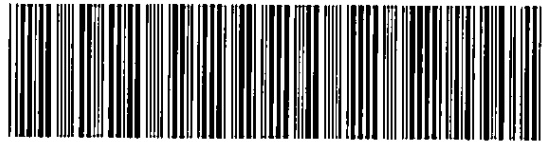
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300377113373

FILED
2021 NOV 29 AM 8:55
TALLAHASSEE, FL
CLERK OF STATE

RECEIVED
2021 NOV 23 PM 4:34
TALLAHASSEE, FL
CLERK OF STATE

Y. SULKER
NOV 30 2021

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2021

COGENCY GLOBAL INC

SUBJECT: TRG MOSAIC MIAMI MEMBER, LLC
Ref. Number: L19000245990

RECEIVED
2021 NOV 29 PM 4:18
TALLAHASSEE, FLORIDA

We have received your document for TRG MOSAIC MIAMI MEMBER, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 821A00028483



COGENCYGLOBAL

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

Date: **November 29, 2021**

Account#: I200000000088

Name: **David Shulman**

Reference #: **1528805**

Entity Name: **TRG MOSAIC MIAMI MEMBER, 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*

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

1. The name of a limited liability company is
TRG MOSAIC MIAMI MEMBER, LLC
2. The Articles of Organization were filed on 10/10/2019 and assigned
document number L19000245990
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

FILED
2021 NOV 29 AM 8:55
TALLAHASSEE, FL
STATE