

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHOPPING CENTER MANAGEMENT
Account Number : I20210000196
Phone : (305)933-5507
Fax Number : (305)933-5550

**LLC DISSOLUTION OR WITHDRAWAL
DD HOTEL MANAGER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DD HOTEL MANAGER 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:

Mario A. Romine

(Name of Person)

Tumbery Associates

(Firm/Company)

19501 Biscayne Boulevard, Suite 400

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Mario A. Romine

(Name of Person)

305 933.5507

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
DD HOTEL MANAGER LLC
2. The Articles of Organization were filed on November 19, 2019 and assigned
document number L19000287716
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 company ceased doing business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Mario A. Romine
19501 Biscayne Boulevard, Suite 400
Aventura, FL 33180

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

Mario A. Romine

Printed Name

FILING FEE: \$25.00

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