

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL**  
**SLCREI TWELVE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLCREI TWELVE, 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:

\_\_\_\_\_  
(Name of Person)

Capitol Services – Corporate Filings Team  
(Firm/Company)

515 East Park Avenue 2nd Fl  
(Address)

Tallahassee, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at ( 855 ) 498 - 5500  
(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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SLCREI TWELVE, LLC

2. The Articles of Organization were filed on February 20, 2020 and assigned

document number L20000057052

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).

Pursuant to the Operating Agreement, the Member was dissolved.

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

7293 NW 2nd Avenue

Miami, FL 33150

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:

Andrew Jonas

Signature

Andrew Jonas

Printed Name

**FILING FEE: \$25.00**

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**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: SLCREI TWELVE, LLC

Document number of Limited Liability Company is: L20000057052

Date of dissolution was: January 7, 2025

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

1. The name of the claimant.
2. The claimant's contact information.
3. A description of the claimant's relationship to the Company.
4. A detailed description of the nature of the claim being asserted.
5. The monetary amount the claimant believes is owed by the Company.
6. Any supporting documentation or evidence the claimant has.

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

7293 NW 2nd Avenue

Miami, FL 33150

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.

Andrew Jonas

Printed Name of the Person Filing

Andrew Jonas

Signature of the Person Filing

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

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