

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 ELEVEN, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

JAN 9 2025

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2025 JAN -8 PM 3:08

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2025 JAN 8 PM 11:21
FLORIDA
DIVISION OF
CORPORATIONS
STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLCREI ELEVEN, 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:

_____ at (855) 498 - 5500
(Name of Person) (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 ELEVEN, LLC

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

document number L20000057054

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 ELEVEN, LLC

Document number of Limited Liability Company is: L20000057054

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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