# 12000223

(Requ	iestor's Name)	
(Addre	ess)	
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<b>(</b> 125.	,	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
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RSE MANAGEMENT V, MIAMI SHORES COUNTRY CLUB, LLC
Authorization to Transact Business



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Account#: I20000000088

Date:	08/18/2021	
Name:	Chris Vick	_
Referer	nce #: <b>1454006</b>	_
Entity N	Name: PROFESSIONAL COURSE MANAGEM	MENT V, MIAMI SHORES COUNTRY CLUB, LLC
	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
<b>V</b>	Dissolution/Withdrawal	
<u></u>	Fictitious Name	
	Other	
Authori Signatu	zed Amount:	_ <del></del>

## COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Professional Course Management V, Miami Shores Country Club, 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: Johnny LaPonzina
(Name of Person) Pcm | Miami Shores Country Club 10000 Biscayne Boulevard Miami Shores, FL 33138 (City/State and Zip Code) For further information concerning this matter, please call: Lisa Buleha at ( 954 ) 433.8800 (Aren 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 &

### 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

Certified Copy (additional copy is enclosed)

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a fimited liability company is Professional Course Mana	gement V, Miami Shores Country Club, LLC
2. The Articles of Organization were filed on Au	<u> </u>
document number <u>L2000022317</u>	7
3. The delayed effective date the dissolution if not content (effective date cannot be prior to or Note: If the date inserted in this block does not meet listed as the document's effective date on the Department.	more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted in the li 605.0707, Florida Statutes, (copy 605.0707 on bac Company was	mited liability company's dissolution pursuant to section ek cover letter).  o never a c-fivated.
<u> </u>	
5. If there are no members, enter the name and addre	ess of the person appointed to wind up the company
activities and affairs:	CRETA ALLA
<del></del>	
	9:3
5. Signature of an authorized person or if there are n listed above to wind up the company's activities and	o members, the signature of the person appointed and affairs:
Mar la Minn	_
Signature	Johnny LaPonzina Printed Name
	· raned rane

FILING FEE: \$25.00