

121000246278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

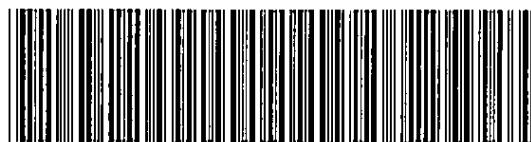
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300385522683

04/15/22--01005--014 **25.00

FILED
2022 APR 15 PM 4:39
SOUTH FLORIDA
TALLAHASSEE, FL

cf 5/25/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Left Brain RE Holdings 2 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:

Noland Langford
(Name of Person)

Left Brain RE Holdings 2 LLC
(Firm/Company)

1200 Brickell Ave. ste 1800
(Address)

Miami, FL, 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Noland Langford at (305) 849 2099
(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:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2022 APR 15 PM 4:39

SEAL OF THE STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

Left Brain RE Holdings 2 LLC

2. The Articles of Organization were filed on May 26, 2021 and assigned

document number L21000246278

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).

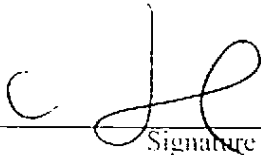
The Entity Was Never Used. Business Plans
Never Materialized.

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

Noland Langford

1200 BRICKELL AVENUE
STE 1800
MIAMI, FL 33131

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

Noland Langford
Printed Name

FILING FEE: \$25.00