

4/12/22, 10:28 AM

Division of Corporations

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L21000323625

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

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I20160000081
Phone : (407)839-4277
Fax Number : (407)839-4264

**LLC DISSOLUTION OR WITHDRAWAL
HIALEAH GP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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 DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hiialeah GP, 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:

Kristi Dickison
(Name of Person)

Nelson Mullins Riley & Scarborough
(Firm/Company)

390 N. Orange Avenue
(Address)

Orlando, FL 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristi Dickison at (407) 951-4222
(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
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

- 1. The name of a limited liability company is Hialeah GP, LLC
2. The Articles of Organization were filed on July 14, 2021 and assigned document number L21000323625
3. The delayed effective date the dissolution if not effective on the date of filing: Date of Filing (effective date cannot be prior to or more than 90 days later than date document is received for filing)
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 limited liability company is being dissolved pursuant to the consent of the member(s).

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: William T. Fabbri, Manager 477 South Rosemary Avenue, Suite 301 West Palm Beach, FL 33401

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:

Handwritten signature of William T. Fabbri

William T. Fabbri, Manager

Signature

Printed Name

FILING FEE: \$25.00

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