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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 Phone : (305)530-9400 Fax Number : (305)530-9409

LLC DISSOLUTION OR WITHDRAWAL THE POINT 2 LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 2 4 2073 K. Brumbley To: 8506176383 From: 3055309409

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	. COVE	R LETTER . , .
	gistration Section vision of Corporations	•,
SUBJECT:	THE POI	NT 2 LLC
SUBJECT.		ted Liability Company)
The enclosed	d Articles of Dissolution and fee(s) are submi	tted for filing.
Please returi	n all correspondence concerning this matter to	the following:
	ALBERTO INTERIAN, ESQ.	
	(Nai	me of Person)
	NEIMAN & INTERIAN, PLLC	
	(Fir	m/Company)
	2020 PONCE DE LEON BOULEVARD), SUITE 1005B
	1	(Address)
	CORAL GABLES, FLORIDA 33134	
	(City/St	are and Zip Code)
For further i	nformation concerning this matter, please call	:
AI.	BERTO INTERIAN, ESQ.	305 530-9400 at ()
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:	
☐ \$25	5.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Re Di P.C	edling Address: gistration Section vision of Corporations D. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Ta	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: 3055309409

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is THE POINT 2 LLC				
2.	The Articles of Organization were filed on	08/19/2021	_ and assigned		
	document numberL21000373110				
3.	The delayed effective date the dissolution is (effective date cannot be pringly Note: If the date inserted in this block does not listed as the document's effective date on the I	or to or more than 90 days later than date of meet the applicable statutory filing	document is received for filing)		
4.	A description of occurrence that resulted in 605.0707. Florida Statutes, (copy 605.0707	n the limited liability company's di on back cover letter).	ssolution pursuant to section		
	All of the Members unanimously consented to t	·			
5.	If there are no members, enter the name and	d address of the person appointed (to wind up the company		
	activities and affairs:		FILL FILL FILL FILL FILL FILL FILL FILL		
					
			57		
6. ab	Signature of an authorized person or if ther ove to wind up the company's activities and	re are no members, the signature of affairs:	the person appointed and listed		
	M-	Christophe L. DiFalco (M	danager of Entity's Manager)		
	Signature Signature	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: THE POINT 2 LLC
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Detailed description of claim together with proof of claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
c/o Entity CO Manager, LLC
777 Brickell Avenue, Suite 630
Miami, Florida 33131
A claim against the above named limited liability company will be barred unless a proceeding to enforce to claim is commenced within 4 years after the filing of this notice.
Christophe L. DiFalco (Manager of Entity's Manager)

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

Printed Name of the Person Filing

Signature of the Person Filing