

L21000464120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

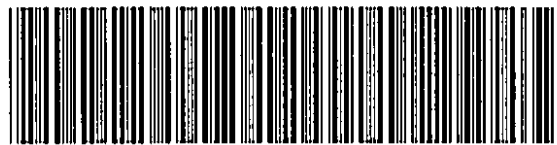
(Business Entity Name)

(Document Number)

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09/15/23--01012--004 **25.00

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Dissolution

D CUCINIC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 82 NW 34TH ST, 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:

ALEX D. SIRULNIK

(Name of Person)

ALEX D. SIRULNIK, P.A.

(Firm/Company)

2199 PONCE DE LEON BOULEVARD, SUITE 301

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX D. SIRULNIK

(Name of Person)

305

443-7211

at (_____) _____
(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
82 NW 34TH ST, LLC

2. The Articles of Organization were filed on 10/25/2021 and assigned
document number L21000464120

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).

CONSENT OF ALL OF THE MEMBERS TO DISSOLVE THE LIMITED LIABILITY COMPANY

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

2199 PONCE DE LEON BOULEVARD, SUITE 301

CORAL GABLES, FL 33134

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

ALEXIS BOGOMOLNI
Printed Name

FILING FEE: \$25.00

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