L21000476652

| (Re | questor's Name) | | |
|---|------------------------|--|--|
| (Ad | dress) | | |
| —— (Ad | dress) | | |
| (Cit | ry/State/Zip/Phone #) | | |
| PICK-UP | MAIL MAIL | | |
| (Bu | siness Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | Certificates of Status | | |
| Special Instructions to Filing Officer: | | | |
| | Q. SILAS | | |
| | MAY UZ ZUZZ | | |
| | | | |
| | 4/27/22 | | |

Office Use Only



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2022 APR 27 PM 1: 15 SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 APR 27 AH II: 12

SECREDIA LE STATE TALLAHAUSEE, FL

April 12, 2022

MATTEO SOLOATINI PO BOX 398327 MIAMI BEACH, FL 33239

SUBJECT: BREAKWATER OCEAN LLC

Ref. Number: L21000476652

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution must be filed before a Notice of Dissolution can be filed. Please complete the enclosed Dissolution form. Section 605.0712, Florida Statutes, requires a Notice of Limited Liability Company Dissolution contain a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 022A00008545

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--|---|---|--|--|
| CHBH | BREAKW | ATER OCEAN UC | | |
| SUBJECT:(Name of Limited Liability Company) | | | | |
| The en | nclosed Articles of Dissolution and fee(s) are submit | ated for filing. | | |
| Please | return all correspondence concerning this matter to | the following: | | |
| | MITEO | TOLDATINI | | |
| MATTEO SOLDATINI (Name of Person) | | | | |
| | | | | |
| (Firm/Company) | | | | |
| PO BOX 39832+ | | | | |
| PO BOX 398327 (Address) MIAMI BEACH, PL 33239 (City/State and Zip Code) | | | | |
| (City/State and Zip Code) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| | MAGTO SOLDATINI | at (786) 378 925Z (Area Code & Daytime Telephone Number) | | |
| | (Name of Person) | (Area Code & Daytine Perspione Pullber) | | |
| Enclos | sed is a check for the following amount: | | | |
| | 2\$25.00 Filing Fee and Certificate of Dissolution | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | | |
| | | | | |
| | Mailing Address: | Street Address: Description Section | | |
| | Registration Section | Registration Section Division of Corporations | | |
| | Division of Corporations P.O. Box 6327 | The Centre of Tallahassee | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | |
| | | Tallahassee, FL 32303 | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY FILED

| 1 | . The name of a limited liability company is | 2022 APR 27 PM 1: 15 |
|------|--|---|
| •• | | REAKWATEBECKETARAILESTATE |
| 2. | The Articles of Organization were filed ond | 11 03 21 and assigned 03/20/27 |
| 3. | 3. The delayed effective date the dissolution if no | t effective on the date of filing: or more than 90 days later than date document is received for filing) eet the applicable statutory filing requirements, this date will not be |
| 4. | 605,0707, Florida Statutes, (copy 605,0707 on | limited liability company's dissolution pursuant to section back cover letter). BUSINE II |
| 5. | 5. If there are no members, enter the name and acaetivities and affairs: | ddress of the person appointed to wind up the company's |
| 6 al | Masell- Signature | re no members, the signature of the person appointed and listed fairs: MAGEO SOGDATIMI Printed Name ANG FEE: \$25.00 |