

121 000 533 716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

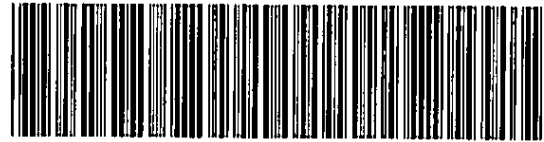
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 10 2022

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FILED

2022 JAN 10 AM 6:49

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 11 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hialeah Gardens Partner II 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.

Lenette Trivet†
(Name of Person)
The Easton Group
(Firm/Company)
10165 NW 19 Street
(Address)
Doral, FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

Lenette Trivet† at (786) 437-5806
(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

FILED
2022 JAN 10 AM 6:49

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
Hialeah Gardens Partner II LLC

2. The Articles of Organization were filed on December 20, 2021 and assigned
document number L21000533716

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 accidentally formed in Florida when it should have been formed in
Delaware.

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

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:

X _____
Signature

Edward J. Easton, as Manager
Printed Name

FILING FEE: \$25.00

State of Florida
Department of State

I certify the attached is a true and correct copy of the Articles of Organization of HIALEAH GARDENS PARTNERS II LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on December 20, 2021 effective December 20, 2021, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L21000533716.

Authentication Code: 211228161127-200378330092#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty Eighth day of December, 2021



Laurel M. Lee
Laurel M. Lee
Secretary of State