

L23000122248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

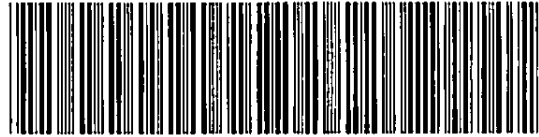
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LLC dissolution

RECEIVED FILED

2023 APR 25 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 26 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 699898 7732494

AUTHORIZATION :

COST LIMIT :

\$ 25.00

ORDER DATE : April 24, 2023

ORDER TIME : 9:26 AM

ORDER NO. : 699898-005

CUSTOMER NO: 7732494

DOMESTIC FILINGS

NAME: AREAS IND JV, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AREAS IND JV, 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:

Legal Dept

(Name of Person)

AREAS IND JV, LLC

(Firm/Company)

5301 BLUE LAGOON DRIVE, SUITE 690

(Address)

MIAMI, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Gustavo Bernardez

(Name of Person)

786

at (

810-9405

(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

2023 APR 25 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
AREAS IND JV, LLC

2. The Articles of Organization were filed on 03/16/2023 and assigned

document number L23000122248

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).

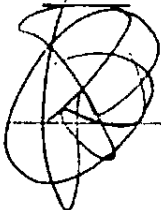
No longer active

No longer active

No longer active

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:



Signature

Gustavo Bernardez

Printed Name

FILING FEE: \$25.00