

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000153065

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : COMPUTERSHARE
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

LLC DISSOLUTION OR WITHDRAWAL
ADVENIR MOB@THE BRONX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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T. LEMIEUX
MAY 09 2024

COVER LETTER

TO: Registration Section
Division of Corporations

Advenir MOB@The Bronx, LLC

SUBJECT: _____
(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:

Oswaldo F. Torres

(Name of Person)

Torres Law, P.A.

(Firm/Company)

888 Southeast Third Avenue, Suite 400

(Address)

Fort Lauderdale, Florida 33316

(City/State and Zip Code)

For further information concerning this matter, please call:

Oswaldo F. Torres

(Name of Person)

754

300-5815

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Advenir MOB@The Bronx, LLC

2. The Articles of Organization were filed on 04/03/2024 and assigned

document number L24000153065

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 is no longer needed.

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

2024 MAY -8 AM 9:19
DEPT OF STATE
TALLAHASSEE, FL

11:00

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:

/s/ Stephen L. Vecchitto

Signature

Stephen L. Vecchitto

Printed Name

FILING FEE: \$25.00