

L98000000271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

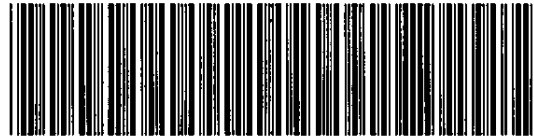
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CLERK OF COURT
TALLAHASSEE, FL 32309

2014 JUL 22 PM 12:04

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLARIDGE HOTEL LC 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 ORTIZ, CPA

(Name of Person)

SUAREZ, ORTIZ & VEGA CPA's, PL

(Firm/Company)

354 SEVILLA AVENUE

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

2014 JUL 22 PM 12:04
CLERK OF COURT
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

ALEX ORTIZ

(Name of Person)

305

at (

4485255

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

CLARIDGE HOTEL LC

2. The Articles of Organization were filed on 03/04/98 and assigned

document number L98000000271

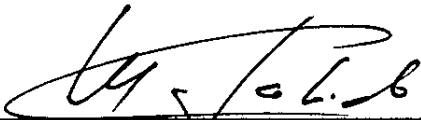
3. The delayed effective date the dissolution if not effective on the date of filing: 07/17/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

(C) Upon the written consent of all the members of the limited liability company.

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

MANUEL SABIDO
Printed Name

FILING FEE: \$25.00

2014 JUL 22 PM 3:04
CLARIDGE HOTEL LC
L98000000271

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