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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (512)418-6949

Fax Number

: (954)208-0845

### LLC DISSOLUTION OR WITHDRAWAL HEP-1-MIR, L.C.

Certificate of Status	0
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## COVER LETTER

	ation Section n of Corporations	•
subject: <u></u>	HEP-1-MIR, L.C. (Name of Limite	ed Liability Company)
	ticles of Dissolution and fee(s) are submitt	-
	KELLY A	
	c/o PGIM REAL	e of Person) ESTATE
	ەس بىرى كىلىنى دىرىيى بىرىنىنىڭ سىكىنىلىنى بىرىيىلىنىڭ بىرى كىلىنى ئىرىكى دىرىيىسىنىڭ يىرى يىرى يىرى يىرى يىرى	n/Company)
	(/	Address) Cy
	MADISON, NJ (City/Star	07940 e and Zip Code)
For further infor	nation concerning this matter, please call:	
<del></del>	Donah Simmons (Name of Person)	at (973)734-1300 (Area Code & Daytime Telephone Number)
Enclosed is a check	c for the following amount:	
□ \$25,00 F	filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

# 2017MAY 11 AM 8: 36 SECRETARY OF STATE TALLAHASSEE. FLORIDA

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	EE, FLORIDA	
	HEP-1-MIR, L.C.	· ·	
2.	The Articles of Organization were filed on October 09, 1998 and assigned		
	document number <u>L98000002204</u>		
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 n listed as the document's effective date on the Department of State's records.	ot be	
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to sect 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ion	
	No longer doing business in Florida.		, (3 ),
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	•	
	Ţ,		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:	i	
Ş	Joanna Mulford, Authorized Person	ì	i et g
	Signature Printed Name	•	;

FILING FEE: \$25.00