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ALLAHASSEE, FLORID

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: Las Brisas	apartments, Inc.	
DOCUMENT NUMBER: P9800	042530	
The enclosed Articles of Dissolution and fee an	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Vivia R. T. (Name of Cont	Biveiro tact Person)	
FORTUNY & RIVEIRO LLP  LAW OFFICES (Firm/Co  7950 N.W. 155 STREET SUITE 104  MIAMI LAKES, FL 33016 (Addre		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person)	at (305) 779-1079  (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
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MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles
or dissolutio	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Las Brisas Apartments, Inc.
SECOND:	The document number of the corporation (if known): P98000 4 5 5
ΓHIRD:	The date dissolution was authorized: 4-16-07
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
OURTH:	Adoption of Dissolution (CHECK ONE)
	issolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
9	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Fernando L. Riveino
	(Typed or printed name of person signing)
	Pres., Director
	(Title of person signing)

Filing Fee: \$35