

L18000260274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

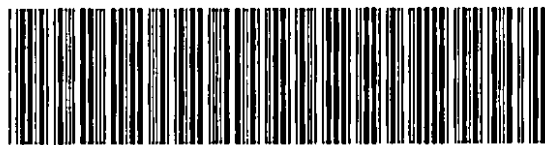
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800383618718

03/18/22--01017--031 +\$55.00

MAR 18 2022

© SIMMONS

MAR 28 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVENTURA HOTEL INVESTMENTS, 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:

MARTIN PROSPERI SR.

\_\_\_\_\_  
(Name of Person)

C/O VALLINA GRISANTI, PA

\_\_\_\_\_  
(Firm/Company)

P.O. BOX 266-451

\_\_\_\_\_  
(Address)

WESTON, FL 33326

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL VALLINA GRISANTI, ESQ.

\_\_\_\_\_  
(Name of Person)

305 2992638

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**

2017 MAR 18 11:11:14

1. The name of a limited liability company is  
AVENTURA HOTEL INVESTMENT, LLC  
\_\_\_\_\_

2. The Articles of Organization were filed on 11/07/2018 and assigned  
document number L18000260274

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.

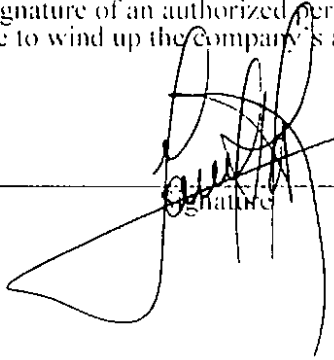
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
THE BUSINESS IS NO LONGER VIABLE.

\_\_\_\_\_  
THE BUSINESS IS NO LONGER VIABLE.

\_\_\_\_\_  
THE BUSINESS IS NO LONGER VIABLE.

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:



\_\_\_\_\_  
MANUEL VALLINA GRISANTI, ESQ  
Printed Name

**FILING FEE: \$25.00**