

L00000001898

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEWATER BAY TENNIS CENTER, L.C.

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BERT DAIBERL

(Name of Person)

(Firm/Company)

400 KELLY PLANTATION DRIVE, UNIT 1202

(Address)

DESTIN, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

BERT DAIBERL

(Name of Person)

850

837-0707

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

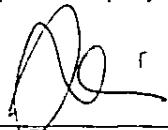
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
BLUEWATER BAY TENNIS CENTER, L.C.
2. The Articles of Organization were filed on FEBRUARY 15, 2000 and assigned
document number L00000001898
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 Members met and voted unanimously to cease all business operations and close the 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:

FILED
FEB 15 2000
TALLAHASSEE
FLORIDA
STATE DEPARTMENT OF REVENUE

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

Bert Daiberl, President

Printed Name

FILING FEE: \$25.00