

L04000085327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

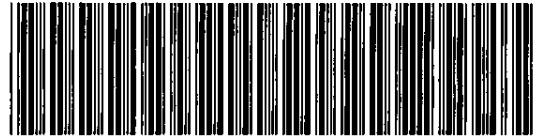
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000217657970

01/10/12--01011--011 **25.00

FILED
2012 JAN 10 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 11 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Breeze Property + Real Estate Management, 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:

Robert Binninger
(Name of Person)

Ocean Breeze Property + Real Estate Management, LLC
(Firm/Company)

3750B U.S. Hwy 1 S, St. Augustine, FL 32086
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Binninger at (904) 806-4649
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- 30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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

FILED

2012 JAN 10 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Ocean Breeze Property + Real Estate Management, LLC

2. The Articles of Organization were filed on 11/24/2004 and assigned document number

104000085327

3. The date the dissolution was approved: 12/31/2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Retirement

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.
-OR-
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

By POA

Printed Name

[Signature]

Robert Binninger

X [Signature]

Clark Monahan

DURABLE POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That I, ROBERT P. BINNINGER, of St. Johns County, Florida pursuant to 709.08, Fla. Stat. (1999), have made, constituted and appointed, and by these presents do make, constitute and appoint my daughter, SUSAN BINNINGER, as my attorney-in-fact, to act in, manage and conduct all my estate, and all my affairs, of whatsoever kind and nature, and wheresoever located, and for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself therein, in the doings and execution of all or any of the following acts, deeds and things, to wit:

1. **To Buy**, receive, lease, accept, or otherwise acquire; to sell, convey, mortgage, hypothecate, pledge, quit-claim, or otherwise encumber or dispose of; or to contract or agree for the acquisition, disposal or encumbrance of any property whatsoever, real or personal or mixed, or any custody, possession, interest, or right therein, upon such terms as my attorney shall think proper.

2. **To take**, hold, possess, invest, lease or let, or otherwise manage any or all of my property or any interest therein; to eject, remove or relieve tenants or other persons from and recover possession of such property by all lawful means; and to maintain, protect, preserve, insure, remove, store, transport, repave, rebuild, modify or improve the same or any part thereof.

3. **To make**, do and transact all and every kind of business of what nature and kind soever, including the receipt, recovery, collection, payment, compromise, settlement, and adjustment of all accounts, legacies, bequests, interests, dividends, annuities, demands, debts, taxes and obligations which now or hereafter may be due, owing or payable by me or to me.

4. **To make**, endorse, accept, receive, sign, seal, execute, acknowledge and deliver deeds, assignments, agreements, certificates, hypothecations, checks, notes, bonds, voucher receipts and such other instruments in writing of whatsoever kind and nature as may be necessary, convenient or proper in the premises.

5. **To deposit** and withdraw for the purposes hereof, in my said attorney's name, or my name, or jointly in both our names, in and from any banking institution, any funds, negotiable paper, or moneys which may come into my said attorney's hands as such attorney, or which I now or hereafter may have on deposit or be entitled to.

6. **To institute**, prosecute, defend, compromise, arbitrate and dispose of legal, equitable or administrative hearings, actions, suits, attachments, arrests, distresses, or other proceedings, or otherwise engage in litigation in connection with the premises.

7. **To act** as my attorney or proxy in respect to any stocks, shares, bonds, or other investments, rights or interests, I may now or hereafter hold.

8. **To engage and dismiss** agents, counsel and employees, and to appoint and remove at pleasure any substitute for, or agents of my attorney, in respect to all or any of the matters or things herein mentioned and upon such terms as my attorney shall think fit.

9. **To execute** vouchers on my behalf for any and all allowances and reimbursements properly payable to me by the United States Government, or other governments, and to recover, endorse, and collect the proceeds of checks payable to the order of the undersigned on the Treasury of the United States of America, or any other government.

10. **To prepare**, execute and file income and other tax returns, and other governmental reports, applications, requests, and documents.

11. **To take possession** and order the removal and shipment of any of my property from any post, warehouse, depot or dock, or any other place of storage or safe-keeping, governmental or private; and to execute and deliver any release, voucher, receipts, shipping tickets, certificates, or other instruments necessary or convenient for such purpose.

12. **To gift**, freely give or otherwise dispose of without consideration, any of my property, both real and personal, wherever situated.

13. **Giving and granting** unto my said attorney full power and authority to do and perform all and every act, deed, matter and thing whatsoever in and about my estate, property and affairs as fully and effectually to all intents and purposes as I might or could do in my own proper person if personally present, the above specifically enumerated powers being in aid and exemplification of the full, complete and general power herein granted, and not in limitation or definition thereof; and hereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these presents. And I hereby declare that any act or thing lawfully done hereunder by my said attorney shall be binding upon myself, my heirs, legal and personal representatives and assigns.

14. **HIPAA: Health Insurance Portability and Accountability Act (HIPAA):** For the purposes of accessing, reviewing and releasing my health care information and any other protected information pursuant to HIPAA, my health care surrogate or my alternative health care surrogate shall be considered my personal representative under HIPAA and have the full and complete authority to access, review and/or release any and all of my health care information and any other protected information

15. **My attorney** is authorized, in her sole discretion and absolute discretion, from time to time and at any time, to exercise the authority described below relating to matters involving my health and medical care. In exercising the authority granted to my attorney herein, my attorney is instructed that my attorney shall try to discuss with me the specifics of any proposed decision regarding my medical care and treatment, if I am able to communicate in any manner, even by blinking my eyes. My attorney is further instructed that if I am unable to give an informed consent to medical treatment, my attorney shall give or withhold such consent for me, based upon any treatment choices I have expressed while competent, whether under this instrument or otherwise. If my attorney cannot determine the treatment choice which I want made under the

circumstances, then my attorney shall make such choice for me based upon what my attorney believes to be my best interest. Accordingly, my attorney is authorized as follows:

A. To request, receive and review any information, verbal or written, regarding my personal affairs and my physical and mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations, firms, or corporations, as my attorney may deem appropriate.

B. To employ and discharge medical personnel, including physicians, psychiatrists, dentists, nurses, and therapists my attorney shall deem necessary for my physical, mental and emotional well-being, and to pay them, or any of them, reasonable compensation.

C. To give consent to any medical procedures, tests or treatments, including surgery; to arrange for my hospitalization, convalescent care, hospice or home care; to summon paramedics or other emergency personnel, and seek emergency treatment for me, as my attorney shall deem appropriate; and under circumstances in which my attorney determines that certain medical procedures, tests, or treatments are no longer of any benefit to me, or based on instructions previously given by me or not desired by me, regardless of benefit, to revoke, withdraw, modify, or change consent to such procedures, tests and treatments, as well as hospitalization, convalescent care, hospice or home care, which I or my attorney may have previously allowed or consented to, which may have been implied due to emergency conditions. My attorney shall try to discuss the specifics of any proposed decision regarding my medical care and treatment with me, if I am able to communicate in any manner, even by blinking my eyes. If I am unconscious, or otherwise unable to communicate with my attorney, then my attorney's decision shall be guided by taking into account (1) the foregoing provisions of this paragraph; (2) any preference that I may have previously expressed on the subject; (3) what my attorney believes I would want done in the circumstances if I were able to express myself; and (4) any information given to my attorney by the physicians treating me as to my medical diagnosis or prognosis.

D. To grant, in conjunction with any instructions given under this Article, releases to hospital staff, physicians, nurses, and other medical and hospital administrative personnel who act in reliance on instructions given by my attorney, or who render written opinions to my attorney in connection with any matter described in this Article, from all liability for damages suffered, or to be suffered by me; to sign documents titled or purported to be a "refusal to permit treatment" and "leaving hospital against medical advice", as well as other necessary waivers or releases from liability required by any hospital or physician to implement my wishes regarding medical treatment and nontreatment.

16. If my daughter, SUSAN BINNINGER, is unwilling or unable to perform her duties as my attorney-in-fact, then I nominate my daughter, CHRISTINE WILSON, as my attorney-in-fact.

THIS POWER OF ATTORNEY IS NOT AFFECTED BY SUBSEQUENT INCAPACITY OF THE PRINCIPAL EXCEPT AS PROVIDED IN 709.08 FLORIDA STATUTES.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, this

29 day of November, 2011.

Signed, sealed and delivered in the presence of:

Candice Brake
Signature of Witness

Robert P. Binninger
ROBERT P. BINNINGER

Candice Brake
Printed Name of Witness

[Signature]
Signature of Witness

Brenda B Brown
Printed Name of Witness

STATE OF GEORGIA
COUNTY OF Crisp

The foregoing instrument was acknowledged before me this 29 day of November 2011 by ROBERT P. BINNINGER. Such person did not take an oath and:

Is personally known to me.

Produced a current Florida driver's license as identification.

Produced _____ as identification.

[Signature]
Signature of Notary

Casey TYSON
Name of Notary