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(Requestor's Name)

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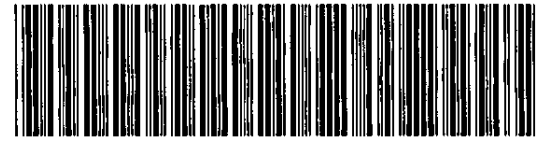
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K. SALY
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JUL 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHALIMAR PARK, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KAREN K. WARD
(Contact Person)

SHALIMAR PARK, LLC
(Firm/Company)

1241 AIRPORT RD, SUITE H
(Address)

DESTIN, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN K. WARD at (850) 837-5507
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314