

LO80000092160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

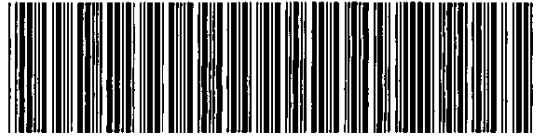
Special Instructions to Filing Officer:

L. SELLERS

SEP 24 2009

EXAMINER

Office Use Only



900159912029

09/04/09--01019--019 **30.00

FILED
09 SEP 23 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E.E.F 7832 COLLINS AVE INVESTMENT, 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:

FERNANDO GRODSINSKY
(Name of Person)

E.E.F 7832 COLLINS AVE INVESTMENT, LLC
(Firm/Company)

7832 COLLINS AVE STE 202
(Address)

MIAMI,FLORIDA 33141
(City/State and Zip Code)

For further information concerning this matter, please call:

FERNANDO GRODSINSKY at (305) 439-9201
(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

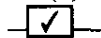
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Plan Options, LLC

2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

7901 Margate Way
Lakeland, FL 33809

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 90484
Lakeland, FL 33804

September 27, 2007
3. Date of filing/registration in Florida

L07000098626
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Melvin P. LeFever

Registered Office Address: 215 E. Bay Street
Suite 5
Lakeland, FL 33801

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 7901 Margate Way
Lakeland, FL 33809

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Melvin P. LeFever
Signature of a member or authorized representative of a member

Melvin P. LeFever
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Melvin P. LeFever
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
SEP 23 AM 8:03
TALLAHASSEE FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2009

FERNANDO GRODSINSKY
7832 COLLINS AVENUE, STE. 202
MIAMI, FL 33141

SUBJECT: E.E.F 7832 COLLINS AVE INVESTMENT, LLC
Ref. Number: L08000092160

We have received your document for E.E.F 7832 COLLINS AVE INVESTMENT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 409A00029833

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

09 SEP 23 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is
E.E.F 7832 COLLINS AVE INVESTMENT, LLC

2. The Articles of Organization were filed on 09/29/2008 and assigned document number
L08000092160

3. The date the dissolution was approved: 08/28/2009

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).

NO LONGER IN BUSINESS

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

F. Grodzinsky MGR

Printed Name

FERNANDO GRODSINSKY

FILING FEE: \$25.00