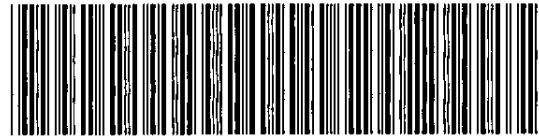


L10000120615



100228065571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

04/30/12--01007--018 **25.00

Special Instructions to Filing Officer:

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12 APR 30 AM 11:45

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 30 AM 11:43

FILED

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G. MCLEOD

APR 30 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Idlewild House, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

B. McDevine

(Name of Person)

Idlewild House

(Firm/Company)

5021 Braided Oaks Ct

(Address)

Tallahassee Fl. 32311

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara McDevine

(Name of Person)

at (850) 656-5480

(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**

1. The name of a limited liability company is

Edgewild House LLC

2. The Articles of Organization were filed on 11/22/10 and assigned document number

L10000120615

3. The date the dissolution was approved: 4/30/12

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).

Business never initiated

FILED
12 APR 30 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Barbara McDaniel

Printed Name

BARBARA McDaniel