

L12000123879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

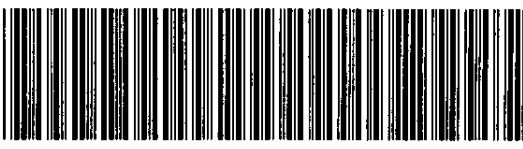
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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01/13/15--01027--005 **125.00

FILED
15 JAN 13 PM 1:20
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FEB 12 2015

T. BROWN

DSS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 902 Northshore Dr., 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:

Nicole Strothman
(Name of Person)

Venture legal Services, PLLC
(Firm/Company)

4615 W. Longfellow Ave.
(Address)

TAMPA, FL 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Strothman at (813) 841-7030
(Name of Person) (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/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
15 JAN 13 PM 1:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

902 Northshore Dr., LLC

2. The Articles of Organization were filed on 9/27/12 and assigned

document number L12000123879

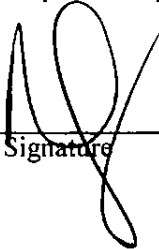
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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 consent of all members

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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

Nicole Strothman
Printed Name

FILING FEE: \$25.00