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T BROWN

COVER LETTER

TO:	P: Registration Section Division of Corporations	<u>.</u>
SUBJ	BJECT: 9239 Trook Lakes LLC (Name of Limited Liability Con	npany)
	•	
The er	e enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please	ease return all correspondence concerning this matter to the following:	
	BRETT K. BACON (Name of Person)	
	(Firm/Company)	······
	8190 Devon Ct. (Address)	
	8190 Devon Cf. (Address) Chagrin Falls Ohio (City/State and Zip Code)	44023
For fu	r further information concerning this matter, please call:	
	BRETT K. BACON at (Z	225-6095 ea Code & Daytime Telephone Number)
Enclos	closed is a check for the following amount:	
V	17	Filing Fee, Certificate of Dissolution & ed Copy (additional copy is enclosed)
	MAILING ADDRESS: S	TREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSOLUTION
•	A LIMITED LIABILITY COMPANY
he name of a limited liab	**************************************
•	ion were filed on Feb. 15, 2013 and assigned
locument number	300002507/
The delayed effective date (effecti	the dissolution if not effective on the date of filing: we date cannot be prior to or more than 90 days later than date document is received for filing)
05.0707, Florida Statutes	ce that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).
sale of	principal asset
·	enter the name and address of the person appointed to wind up the company's
·	
·	BONNIE H. BACON 8190 DEVON CT.
·	BONNIE H. BACON 8190 DEVON CT.
·	
activities and affairs:	BONNIE H. BACON 8190 DEVON CT. Chagrin Falls, OH 44023
activities and affairs: Signature of an authorized	BONNIE H. BACON 8190 DEVON CT.
activities and affairs: Signature of an authorized	Bownie H. BAcow 8190 Nevow Cf. Chagrin Falls, OH 44023 d person or if there are no members, the signature of the person appointed and
activities and affairs: Signature of an authorized	Bonnie H. BAcon 8190 Devon Ct. Chaprin Falls, OH 44023 d person or if there are no members, the signature of the person appointed and

FILING FEE: \$25.00