

05/06/2016 13:

1055 1000-93

GUZMAN & GUZMAN, P.A.

PAGE 01/02

5/6/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000113710 3)))



H160001137103ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.
 Account Number : I20080000090
 Phone : (305)670-1991
 Fax Number : (305)670-1993

RECEIVED

2016 MAY -6 PM 1:35

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
AMERICAS GOLF PLAYERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

 FILED
 2016 MAY -6 A 9:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
AMERICAS GOLF PLAYERS LLC

2. The Articles of Organization were filed on 01/14/2015 and assigned
document number L15009008312

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).
100% OF ALL MEMBERS AGREED TO FILE FOR A COMPLETE DISSOLUTION.

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

Arambarri, Nora C

Printed Name

2016 MAY -6 A 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED