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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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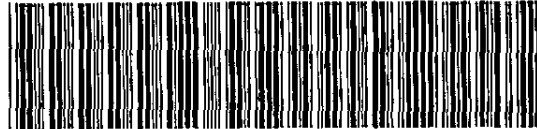
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11  
just

**TERRACE PARK, LLC**  
1325 Chesapeake Dr.  
Odessa, Florida 33556  
(813) 920-4625 or Fax (813) 926-9546  
e-mail [wwjd@tampabay.rr.com](mailto:wwjd@tampabay.rr.com)

December 29, 2004

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please accept the enclosed Articles of Dissolution For A Florida Limited Liability Company for Terrace Park, LLC.

The telephone number and return address is listed above.

Should you have any questions or need additional information, please do not hesitate contact me.

Sincerely,

*Sandra F Fortna*  
Sandra F. Fortna

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is TERRACE PARK, LLC  
1325 CHESAPEAKE DR., ODESSA, FL 33556

2. The effective date of the limited liability company's dissolution is 12/31/04

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

THE limited liability Company has wound up all  
business and is terminating by THE UNANIMOUS  
WRITTEN AGREEMENT of all members.

4. **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 section 608.441.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **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

Typed or Printed name

Sandra E. Fortna  
Albert S. Fortna  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SANDRA E. FORTNA  
ALBERT S. FORTNA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing Fee: \$25.00

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