L02000008325

(Requestor's Name)							
(Address)							
(Address)							
(Cit	ty/State/Zip/Phon	ne #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Na	me)					
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
		-					

Office Use Only



600279960776

01/04/16--01009--017 **55.00

MINAN -4 MIN 49

JANO 6 2016 J. HARRIS

COVER LETTER

TO:		ration Section on of Corporations				
SUBJE	CT. E	STERO BAYSIDE, LLC				
SODJE		(Name of Limited	Liability Compar	ny)		
			(Name of Limited Liability Company) fee(s) are submitted for filing. ing this matter to the following: AWFORD (Name of Person) RAWFORD, CHARTERED (Firm/Company) QUARE (Address) LORIDA 33908 (City/State and Zip Code) matter, please call: RD at (
The end	losed A	rticles of Dissolution and fee(s) are submitted	l for filing.			
Please 1	return al	l correspondence concerning this matter to the	e following:			
		J. STEPHEN CRAWFORD				
		(Name	of Person)			
CRAWFORD & CRAWFORD, CHARTERED						
(Firm/Company)						
3755 LIBERTY SQUARE						
		(Ac	ldress)			
		FORT MYERS, FLORIDA 33908				
		(City/State	and Zip Code)			
For furt	her info	rmation concerning this matter, please call:				
	1 87	TEPHEN CRAWFORD	230	822-7038		
			at (
		(Name of Person)	(Area Co	de & Daytime Telephone Number)		
Enclosed	d is a che	eck for the following amount:				
	\$25.00	Filing Fee and Certificate of Dissolution				
		MAILING ADDRESS:	STR	EET/COURIER ADDRESS:		
		Registration Section	_			
		Division of Corporations		•		
		P.O. Box 6327 Tallahassee FL 32314		on Building Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	ESTEROBAYSIDE, LLC	c name of a limited liability company is STEROBAYSIDE, LLC							
2.	The Articles of Organization	were filed on APRIL	8,2002	_ and assigned					
	document number L020000	08325	<u></u>						
3.	Note: If the date inserted in the	the dissolution if not effective on the date of filing: DECEMBER31,2015 The date cannot be prior to or more than 90 days later than date document is received for filing) This block does not meet the applicable statutory filing requirements, this date will not active date on the Department of State's records.							
١.	A description of occurrence 605.0707, Florida Statutes, (WRITTEN AGREEMENTOF	copy 605.0707 on bacl	cover letter).	•					
			THE TOTAL THE M	EMBERGIII O					
				, ,					
·.	If there are no members, ent activities and affairs:	there are no members, enter the name and address of the person appointed to wind up the cometivities and affairs: CHARLESD. WESTHAFER, JR.							
		7693PEBBLECREE	KCIRCLE#303NAPLES,F	LORIDA 34108					
,		10.1							
o. is	Signature of an authorized p ted above to wind up the con	erson or if there are no ipany's activities and a	o members, the signature of affairs: CHARLESD. WESTHA	 1					
<u> </u>	Signature	may for		I Name	C C C C C C C C C C C C C C C C C C C				
		filing	FEE: \$25.00); (7) [7]					
		//		: : :: :: :: ::					