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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Coples | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECULIARISE FIGURE

WD-24479 Al



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 2, 2004

LAUREN KALVARIA 604 N. RIVERSIDE DRIVE INDIALANTIC, FL 32903

SUBJECT: CROSSCOURT, LLC Ref. Number: L02000024479

We have received your document for CROSSCOURT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ball (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 604A00006862

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Florida 32314

| SUBJECT: Dissolving Cross | scourt LLC | | to a garage to the | |
|---|-----------------------------|---|--|--|
| DOCUMENT NUMBER: | | 9 | | _ · |
| The enclosed Articles of Dis | solution and I | fee are submitted for fili | ng. | |
| Please return all corresponde | ence concernin | g this matter to the follo | wing: | |
| | Lauren Ka | | | <u>.</u> |
| | (Name of | Person) | | |
| | Crosscour | rt LLC | | |
| | (Name of | Firm/Company) | | |
| | 604 N. Ri | iverside Dr. | | |
| | | (Address) | | _ ≱∽ % |
| | Indialanti | c, FL 32903 | | |
| | (City/s | State/and Zip Code) | | 288. 17.88 17.17. 17.17. |
| For further information conc | erning this ma | atter, please call: | | SECHERNY OF SIAI TALLAH/SSEE, FLORI |
| Lauren or Isaac Kal | varia | at (321) 7 | 68-8384 | ¥r. = |
| (Name of | Person) | (Area Code & I | Daytime Telephon | e Number) |
| Enclosed is a check for the f | ollowing amou | unt: | | |
| ② \$35 Filing Fee □ \$43.75 Certific | Filing Fee & cate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □ \$52.50 Filing Certificate of Certified Cor (Additional cenclosed) | Status & |
| MAILING ADDRES Amendment Section Division of Corpora P.O. Box 6327 | 1 | STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street | | |

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

| 1. The name of the limited liability company is <u>Crosscour</u> LLC | norma en |
|---|---------------------------------------|
| 2. The effective date of the limited liability company's dissolution is 1/23/04 3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to 0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter). Lauren Kalvaria, director/wanager, decided to refire. | - (1387)P1 |
| 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 \$\frac{1}{2}\$\$. 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: | 8 |
| Signature Lauren Kalvaria | o o o o o o o o o o o o o o o o o o o |
| | Contract of the contract |

Filing Fee: \$25.00