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SECRETARY OF STATE
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COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	OCEANKIDZ LLC	
_	(Name of Limited Liability Company)	
The enclosed A	Articles of Dissolution and fee(s) are submitted for filing.	
Please return all	all correspondence concerning this matter to the following:	
	MCS. C. PETERSON	
	(Name of Person)	
	OCEANKIOD LLC	
	OCEANKIOR LLC (Firm/Company)	<u> </u>
	7306 Belle Meade Island C)rire
	(Address)	
	Miani, FL 33138-62	56
	(City/State and Zip Code)	
For further infor	ormation concerning this matter, please call:	
	Carol Clegg at (843) 532 (Name of Person) (Area Code & Daytime Te	3432 lephone Number)
Enclosed is a chec	eck for the following amount:	
\$25.00 Filing F	Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: STREET/COURI Registration Section Registration Section Division of Corporations Division of Corpor P.O. Box 6327 Clifton Building	n

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

08 APR 14 PH 12: 02

1. The name of a limited liability company is OCEAWK102	SECRETARY OF STATE TALLAHASSEE FLORIDA
2. The Articles of Organization were filed on	24 2002 and assigned document number
3. The date the dissolution was approved: LST J	ANUARY,2008
4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover	iability company's dissolution pursuant to section letter).
by written consent	of both members A Peterson and Carol Clegg
Maria Chistina	A Peterson and Carol Clegs
OR-Adequate provision has been made for the debts 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the company OR-	,
ignatures of the members having the same percentage of men	
Signature	Printed Name
Walley -	Mrs. Carol Clegg
facion Certain Exerm	His Haria Cristine Rederan