L02000031643

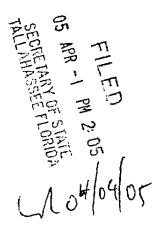
(Re	equestor's Name)		
(Address)			
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Florida 32314

SUBJECT: <u>SEAGROJE Ho</u> s	56 LLC	_
DOCUMENT NUMBER:		_
The enclosed Articles of Dissolution and fee a	ure submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
PETER STOZ (Name of Pers	DARD	_
(Name of Pers	son)	
(Name of Firm	* **	
<u> </u>	ddrecc)	-
SEASIDE F (City/State) For further information concerning this matter, PETER STODDARD (Name of Person)	Address) L 32459 e/and Zip Code)	O5 APR SECRET
For further information concerning this matter,	please call:	ARY OF
PETER STODDARD (Name of Person)	at (850) 585-733; (Area Code & Daytime Telephon	FILE 2: Responded:
Enclosed is a check for the following amount:		
(4	\$43.75 Filing Fee & S2.50 Filing Certified Copy Additional copy is enclosed) \$52.50 Filing Certificate of Certified Cop (Additional copy is enclosed)	Status &
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations P.O. Box 6327	Amendment Section Division of Corporations 409 F. Gaines Street	

Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 7, 2005

PETER STODDARD PO BOX 4745 SEASIDE, FL 32459

SUBJECT: SEAGROVE HOLDINGS, LLC

Ref. Number: L02000031643

We have received your document for SEAGROVE HOLDINGS, 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):

The form you submitted is for a corporation, but your entity is an LLC. Enclosed is the correct form for your entity.

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 call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 105A00015

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SEA GROVE HOUSE LCC (Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
PETER STODDARD			
(Name of Person)			
(Firm/Company)	<u>.</u>	_	
Po Box 4745 (Address)			
SEASIDE FL 32459			
For further information concerning this matter, please call: PETER STODDARD at (850) 585-7 (Name of Person) (Area Code & Daytime Telephone N	SECRETARY OF	05 APR - _ P	THE
Enclosed is a check for the following amount:	STATE	PH 2: 05	<i>ح</i> ست
\$25.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & }\times \text{ \$55.00 Filing Fee & }\times \text{ \$60.00}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified	Filing Fe e of Status Copy al copy is	&	:d)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is SEAGROSE HOSE L	1.0
2. The date the dissolution was approved: 12 3. A description of the occurrence that resulted in the l section 608.441, Florida Statutes, (copy of 608.441)	
Company Crased To	OPÉRATE.
 4. CHECK ONE: All debts, obligations and liabilities of the limited liator. OR- Adequate provision has been made for the debts, observed and assets have been distributed respective rights and interests. 6. CHECK ONE: There are no suits pending against the company in a OR- Adequate provision has been made for the satisfaction be entered against it in any pending suit. Signatures of the members having the same percentage the dissolution: 	ligations and liabilities pursuant is s. 608.4421. uted among its members in accordance with their may court.
Signature	Typed or Printed name PETER STODDARD