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TALLAHASSEE FI OBIO

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BY CLUB PARTNER SHIP LLC (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:
Robert K. Hunter (Name of Person)
(Firm/Company)
2560 NE 201 G- (Addgess)
A560 NE 2016- (Address) Miami Fl. 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (305) 495.8873 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company			
BY CLUB PARTNER	ISHIP LLC		
2. The Articles of Organization were filed on LO30000 6024	on Febr 18 21	003 and ass	signed document number
3. The date the dissolution was approved: _	4/8/11		
4. A description of occurrence that resulted 608.441, Florida Statutes, (copy 608.441	in the limited liability on back cover letter).	company's dissolution	pursuant to section
pred for this corp.	held by BY CL	UB PARTNERSHI'R LLI	c and have no ether
5. CHECK ONE:			
All debts, obligations and liabilit OR- Adequate provision has been ma			
All remaining property and assets have be rights and interests.	een distributed among	its members in accorda	nce with their respective
7. CHECK ONE: There are no suits pending again: OR- Adequate provision has been maentered against it in any pending	de for the satisfaction		or decree which may be
Signatures of the members having the same per	rcentage of membersh	p interests necessary to	approve the dissolution:
Signature		Printed	Name
Hobert K. Hunter		Robert K. H	lunter
			As 1
			CEC A T
			R I I
	•		# 3 M
	FILING FEE: \$25		STATE ORID
			D