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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
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SECRETARY OF STATE
TALLAHASSEE, FLORID,

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COVER LETTER

TO:	Division of Corporations						
SUBJE	ECT:	Crystal Cottages, LLC					
		(Name of Limit	ed Liability Company)				
The en	closed A	rticles of Dissolution and fee(s) are submitt	ted for filing.				
Please	return all	correspondence concerning this matter to	the following:				
•							
		Joseph M. Scheyd, Jr. (Nam					
		(Nan	ne of Person)				
		Joseph M. Scheyd, Jr., P.	A				
Joseph M. Scheyd, Jr., P.A. (Firm/Company)							
1221 Airport Road, Suite 209							
		(Address)				
		Destin, Florida 32541					
		(City/Sta	te and Zip Code)				
For fur	ther info	rmation concerning this matter, please call:					
	Jo	seph M. Scheyd, Jr.	at (850) 837-1171				
	1100.00	(Name of Person)	at (<u>850</u>) <u>837-1171</u> (Area Code & Daytime Telephone Number)				
Enclose	d is a che	ck for the following amount:					
		Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
		MAILING ADDRESS:	STREET/COURIER ADDRESS:				
Registration Section			Registration Section				
		Division of Corporations	Division of Corporations				
		P.O. Box 6327	Clifton Building 2661 Executive Center Circle				
		Tallahassee, FL 32314	Tallahassee, FL 32301				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is						
Crystal Cottages, LLC						.
. The Articles of Organization were filed on	June	25, 2003		_ and assi	gned	
document numberL03000023841		-	•			
The delayed effective date the dissolution i (effective date cannot be price)	f not effec or to or more	tive on the o	date of filing ater than date	document is	received for	filing)
A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	the limite	d liability cover letter).	ompany's di	ssolution 1	pursuant to	o section
Insolvency						
			- -			
			·		<u>, — , — _</u>	
If there are no members, enter the name and	address o	f the person	appointed t	o wind un	the comp	any's
		_		-	ine comp	w, 0
						
						
<i>*</i>						
	·				30	
			,	,		<u> </u>
Signature of an authorized person or if there ted above to wind up the company's activities	are no me	embers, the	signature of	the person	appójnte	d and
$\bigcap I \bigoplus$						AM S
phill se		John	C. Pope		JINO JAI	g: 45
Signature			Printed	Name	7	·····

FILING FEE: \$25.00