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(Re	equestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bu	isiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
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SECRETARY OF STATE
TALLAHASSEE TLORID

COVER LETTER .

SUBJECT:	Contemporary Properties, L.L.C.				
	(Name of Limited Liability Company)				
The enclosed	ed Articles of Dissolution and fee(s) are submitted for filing.				
Please return	rn all correspondence concerning this matter to the following:				
	Eli T.Reedy				
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·			
	(Firm/Company)				
	5642 16th Street				
	(Address)	······································			
	Zephyrhills, Fl. 33542				
	(City/State and Zip Code)				
For further in	information concerning this matter, please call:				
	Eli 7 Road, at (813	267-0220			
	(Name of Person) (Area Code	& Daytime Telephone Number)			
Enclosed is a c	a check for the following amount:				
\$25,0		ee, Certificate of Dissolution & (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 liabil Contemporary Propert	• • •				
				 	·	
2.	The Articles of Organization	on were filed on <u>07/07</u>	7/2003	and assigned	đ	
	document number _L0300	0025345				
3.	The delayed effective date (effective	the dissolution if not ef e date cannot be prior to or n	ffective on the date of filin nore than 90 days later than dat	ng: 12/31/201 e document is recei	4 ived for filing)	
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the lin (copy 605.0707 on bac	nited liability company's k cover letter).	dissolution purs	suant to section	ì
	No funding to continue	to operate. All pro	perties have been dis	sposed of.		
5.	If there are no members, er	ter the name and addre	ss of the person appointed	d to wind un the		
	activities and affairs:	Eli T. Reedy	or the person appointed		, company o	
		5642 16thSt.				
		Zephyrhills Fl. 33	542	1		
,						
o. lis	Signature of an authorized ted above to wind up the co	person or if there are no mpany's activities and	o members, the signature affairs:	of the person ap	pointed and 1	
		, /			EC 3	fit histories
	ZL JK	راس	Eli T. Reedy	ed Name	SET TO	G
	o grature	FILING		za ivanie		
FILING FEE: \$25.00						