## L03000030796

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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

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MAR 2 4 2015 J. HARRIS

## **COVER LETTER**

Division of Corporations	
SUBJECT: Pineapple Grove Partners LL	.c
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Termination and for	ee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Vince Zabik	
Name of Person	
Showcase Contractors	
Firm/Company	
505 NE 3rd Street	
Address	
Delray Beach, Florida 33483	
City/State and Zip Code	
rgodfrey@cegedu.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matte	r, please call:
Ronald Godfrey	at ( 561 ) 702-1210
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E141 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



March 2, 2015

VINCE ZABIK SHOWCASE CONSTRACTORS 505 NE 3RD STREET DELRAY BEACH, FL 33483

SUBJECT: PINEAPPLE GROVE PARTNERS, LLC

Ref. Number: L03000030796

We have received your document for PINEAPPLE GROVE PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

SECRETARY OF STATE

Letter Number: 415A00004278

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:  FIRST: The name of the limited liability company is: Pineapple Grove Partners LLC				
FIRST: The name of the limited liability co	ompany is:			
SECOND: The Florida Document number	of the limited liability company is:	030796		
THIRD: The date of filing of the initial arti	cles of organization is: 08/18/2003			
FOURTH: The date of filing of the dissolu	tion is: 3 /19/2015	<del></del> ·		
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and affai	irs and has determined		
Mille	Ronald P. Godfrey, Manager			
Signature of Authorized Representative	Typed or printed name of signature	<del></del>		
Certi	Filing Fee: \$25.00 fied Copy: \$30.00 (optional)	7		
		2015 SE		

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