

Mar. 10. 2017 2:43PM  
3/10/2017

U03000038829  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000067656 3)))



H170000676563ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

*Yvonne Mendez*  
Account Name : GRAY ROBINSON, P.A.  
Account Number : 075154001651  
Phone : (321)727-8100  
Fax Number : (321)984-4122

17 MAR 10 AM 9:01

RECEIVED  
TALLAHASSEE  
MAR 10 2017

**LLC DISSOLUTION OR WITHDRAWAL  
EBER COVE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

MAR 13 2017

S. YOUNG

EFFECTIVE DATE  
*3/15*

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Eber Cove, LLC

2. The Articles of Organization were filed on October 10, 2003 and assigned  
document number L03000038829

3. The delayed effective date the dissolution if not effective on the date of filing: March 15, 2017  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
Consent of all the members

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
Signature

John R. Karcilia  
Printed Name  
Authorized Person

**FILING FEE: \$25.00**

17 MAR 10 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Eber Cove, LLC

Document number of Limited Liability Company is: L03000038829

Date of dissolution was: March 15, 2017

Description of information that must be included in a written claim:

1. Name and address of claimant.
2. Amount of claim.
3. Description of claim.
4. Date claim originally arose.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

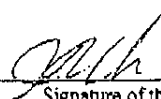
P.O. Box 1630

Melbourne, Florida 32902-1630

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

John R. Kancilia

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

17 MAR 10 AM 9:01  
FILED  
TALLAHASSEE, FLORIDA