## LD3000041837

| (Requestor's Name)                      | <u></u> |
|---|---------|
| (Address)                               |         |
| (Address)                               |         |
| (City/State/Zip/Phone #)                |         |
| PICK-UP WAIT MAI                        | -       |
| (Business Entity Name)                  |         |
| (Document Number)                       |         |
| Certified Copies Certificates of Status |         |
| Special Instructions to Filing Officer: |         |
|   |         |
|   |         |

Office Use Only



07/29/05--01013--002 \*\*25.00

## TRANSMITTAL LETTER

| TO: Registration Sect<br>Division of Corp |  |   |   |
|---|--|---|---|
| subject: <u>Col</u> i                     | umbus - Chilm<br>(Name of L                  | nark LLC<br>imited Liability Company)                               | <del></del>   |
| The enclosed Articles of I                | Dissolution and fee(s) are sub               | mitted for filing.  |   |
| Please return all correspon               | dence concerning this matter                 | to the following:   |   |
|   | Bret   | Royd<br>(Name of Person)  |   |
|   | Meadowoo                                     | d Development<br>(Firm/Company)                                     |   |
|   | 262 Market                                   | Square, Suit D  | <u> </u>  |
|   | Lake Forest,                                 | 1L 60045<br>y/State and Zip Code)                                   |   |
| For further information co                | ncerning this matter, please c               | vall:   |   |
| Kot1                                      | (Name of Person)                             | at (847) 295<br>(Area Code & Daytime                                | 7800<br>Telephone Number)   |
| Enclosed is a check for the fi            | ollowing amount:                             |   |   |
| \$25.00 Filing Fee                        | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

| 1. The name of the limited liability company is   | -                               |                         |         |
|---|---------------------------------|-------------------------|---------|
| Columbus-Chilmark   | ,LLC                            |                         |         |
| 2. The date the dissolution was approved: $\frac{7-20}{2}$  | 10-05                           |                         |         |
| 3. A description of the occurrence that resulted in th section 608.441, Florida Statutes, (copy of 608.44)  |                                 | dissolution pursuant to |         |
| Property developed a  | nd sold.                        | DIVESION<br>05 JUL      |         |
|   |                                 | 29 OF STATE             | η:<br>= |
|   |                                 | ORPOR.                  | 2       |
|   |                                 | # # NIF                 |         |
| <ul> <li>4. CHECK ONE:         <ul> <li>All debts, obligations and liabilities of the limited OR-</li> <li>Adequate provision has been made for the debts,</li> </ul> </li> <li>5. All remaining property and assets have been districted respective rights and interests.</li> </ul> | obligations and liabilities pur | rsuant to s. 608.4421.  |         |
| <ul> <li>6. CHECK ONE:</li> <li>There are no suits pending against the company is -OR-</li> <li>Adequate provision has been made for the satisfal be entered against it in any pending suit.</li> </ul>   | •                               | or decree which may     |         |
| Signatures of the members having the same percenthe dissolution:  | ntage of membership interests   | s necessary to approve  |         |
| Signature   | Typed or Printed nam            | e                       |         |
| BAB, 2  | Bret Boyd                       |                         |         |
|   |                                 |                         |         |
|   |                                 |                         |         |