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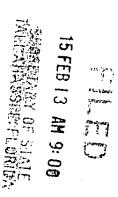
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2015

LUNDA DICKINSON 60 N ROSCOE BLVD PONTE VEDRA, FL 32082

SUBJECT: DICKINSON REALTY GROUP, LLC

Ref. Number: L04000034311

We have received your document for DICKINSON REALTY GROUP, LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammy Hampton Regulatory Specialist III

, , ,

Letter Number: 615A00002227

COVER LETTER

TO: Registration Section

CR2E142 (2/14)

Division of Corporations
SUBJECT: DISSOLUTION OF LL C.
DOCUMENT NUMBER: <u>CQ1019475</u>
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LYNDADICKINSON (Name of Contact Person)
DICKINSON REALTY GROUP (Firm/Company)
100 N ROSCOE BIUP (Address)
PONTE VEDRA FL 32082 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{\text{Lynpa Dickinsol}}{\text{(Name of Contact Person)}} \text{ at } \underbrace{\frac{90t}{857854}}_{\text{(Area Code)}} \underbrace{\frac{3857854}{57854}}_{\text{(Daytime Telephone Number)}}$
/ (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$25 Filing Fee Certificate of Status □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

AND CLOSING MY COMPANY- Long-Dichina

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: DICKINSON REALTY GROWD LICE
(Name of Limited Limited

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNDA DICKINSON
(Name of Person) DICKINSON REALTY EROUP ILL C (Firm/Company)
_
60 A ROSCOE BIVD (Address)
PONTE VEDRA, FL 32082 (City/State and Zip Code)

For further information concerning this matter, please call:

LYNOA DICKINSON at (904) 285785L (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 liabi	lity company is	, a			
DICKINS	ON REALTY	GRON	o Lic		 -*
2. The Articles of Organization	4	, ,	- <i>D D \(\frac{1}{2} \)</i> and ass	signed	
document number <u>L</u> C	14000D 34	311			
3. The delayed effective date (effective	the dissolution if not eff	Fective on the da ore than 90 days lat	ate of filing: ter than date document i	s received for filin	<u>(g)</u>
4. A description of occurrence 605.0707, Florida Statutes,	that resulted in the lim (copy 605.0707 on back	ited liability con cover letter).	mpany's dissolution	pursuant to se	ction
	RETILING	AND (CLOSIND	My_	
BUSINESS,				<u> </u>	
				·-	_
5. If there are no members, en	ter the name and address	s of the person :	ennointed to wind u	in the annual	 '`o
activities and affairs:	ter the fiame and addres	s of the person a	appointed to wind u	ip the company	, S !
activities and arrairs:					د در
				<u>ကိုခ်ုံ</u> ယ	- 7
					_ F***
					Sec. mark
6. Signature of an authorized listed above to wind up the co	person or if there are no mpany's activities and a	members, the s	ignature of the pers	on appointed a	– nd
Last Del		1 1/2	04 1).04	ע א א א גע	
Signature		— ~ / N	Printed Name	/; <u> </u>	_

FILING FEE: \$25.00