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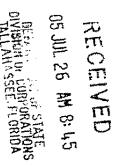
(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
·	siness Entity Nam	e)
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Certified Coples	Certificates	of Status
Special Instructions to F	iling Officer:	
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05 JUL 26 PH 5: 18
SECRETARY OF STATE
VALLAHASSEE, FLYAGE





ACCOUNT NO. :

072100000032

REFERENCE :

\$ 25.00

AUTHORIZATION

COST LIMIT :

ORDER DATE: July 22, 2005

ORDER TIME : 4:30 PM

ORDER NO. : 501316-005

CUSTOMER NO: 7116986

CUSTOMER: Christine Evens

Noble House Hotels & Resorts

Suite 300

225 108th Avenue Ne

Bellevue, WA 98004-5771

DOMESTIC FILINGS

NAME: GROVE SPA, LLC

XX _ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 2956

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	PAS: 18
2. The date the dissolution was approved: JANUARY 1	The second secon
3. A description of the occurrence that resulted in the section 608.441, Florida Statutes, (copy of 608.44)	limited liability company's dissolution pursuant to I on back of cover letter).
Grove Spa, LLC, was inadvertently filed in	the State of Florida on July 16, 2004.
	g ⁱ
 4. CHECK ONE: All debts, obligations and liabilities of the limited -OR- Adequate provision has been made for the debts, of the limited adequate provision has been made for the debts, of the respective rights and interests. 5. CHECK ONE: There are no suits pending against the company in -OR- Adequate provision has been made for the satisfact be entered against it in any pending suit. 	bbligations and liabilities pursuant to s. 608.4421. buted among its members in accordance with their any court.
Signatures of the members having the same percent he dissolution. Signature	Typed or Printed name Noble House Associates, LLC, Member
the state of the s	By: Patrick R. Colee
Marrice Wener /ce	Grove Isle Associates, Ltd.
	By: Maurice Wiener
-	

Filing Fee: \$25.00