(Re	equestor's Name)	,
(A)	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	•	
L		

Office Use Only

G. MCLEOD

APR 2 0 2009

EXAMINER



300150253793

04/17/09--01022--011 \*\*25.00

## . COVER LETTER

r , 🧘

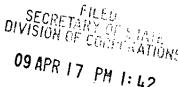
	Registration Section Division of Corporations	
SUBJEC	ET: Belleair Village Condomir	niums, LLC
	(Name of Li	mited Liability Company)
	osed Articles of Dissolution and fee(s) are sub	<u>-</u>
	Lynn Bates	
		Name of Person)
	First Southern	
	(	Firm/Company)
	813 Northshore Drive, S	Suite 201
		(Address)
	Knoxville, TN 37919	
	(City	/State and Zip Code)
For furth	er information concerning this matter, please of	call:
	Lynn Bates	<sub>at (</sub> 865 ) 584-2300, ext 11
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:	
<b>√</b> \$25.00	Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2004 and assigned document number
<del></del> •
ability company's dissolution pursuant to section etter).
obligations and liabilities pursuant to s. 608.4421.
mong its members in accordance with their respective
in any court.  action of any judgment, order or decree which may be
bership interests necessary to approve the dissolution:
bership interests necessary to approve the dissolution:  Printed Name
Printed Name
Printed Name  Toseph W Reed  Richard 13 Willingha
Printed Name  Joseph W Reed
· · ·