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B. BOSTICK

IJAN 2 5 2012

EXAMINER

COVER LETTER

Registration Section

TO:

Divisi	on of Corporations		
SUBJECT:	SOLFIN-"A", LLC	1' '- 11' 1''- ()	
	(Name of I	Limited Liability Company)	
The enclosed A	rticles of Dissolution and fee(s) are su	uhmitted for filing	
	I correspondence concerning this mat	•	
	t contespondence contesting and made	T.	
	Mary L. Knapp		
		(Name of Person)	C C C C C C C C C C C C C C C C C C C
		ए) ने एक एके _{हम}	
		(Firm/Company)	
	927 5th Court	900 1000 1000	35 S
	4.	(Address)	
	Vero Beach, FL 32960)	•
		ity/State and Zip Code)	:
For further info	rmation concerning this matter, please	e call:	
Mar	y L. Knapp	at (772) 778-3471	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a che	ck for the following amount:		
\$25.00 Filing I	See 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing F Certificate of State Certified Copy (additional copy is	us &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	SS:

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on	1-23-2004	_ and assigned docum	ent nu	mber
3. The date the dissolution was approved: 11-04-2	011	⁻		
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ted liability company's dis over letter).	_,	ection	
MGRM, Donald E. Knapp died (cop	y of death certific	cate attached)		
		27	<u></u>	ene jur
		S	2) Augress
				, r , 72
				- Cum
5. CHECK ONE:		07 S	$\ddot{\wp}$	- marie
✓ All debts, obligations and liabilities of the l	imited liability company l	nave been paid of discl	വ narged	
OR- Adequate provision has been made for the o		لخبية		
_ · ·	_	•		
All remaining property and assets have been distributing rights and interests.	uted among its members in	i accordance with their	rrespe	cuve
7. CHECK ONE:				
[****]				
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FILING FEE: \$25.00

MINISTOCUMENTANAS A MIGRESBARKGROUND ON TRUE WATERMAKKED PAPER : A HOLD TO LIGHT, TO VERIFY FLORIDA WATERMARKS

OFFICE OF VITAL STATISTICS

FLORIDA CERTIFICATE OF DEATH

DECEDENTS NAME (First, Additio, Lost, Build)			
DONALD	EVERETT	KNAPP SI	
DATE OF BIFITH (Month, Day, Year)	4a, AGE-Lest Birthday 4b, UNDER 1 YEAR	40. UNDERT DAY 5. DATE OF	DEATH (Moral, Day, Year)
OCTOBER 25, 1932	79		BER 4, 2011
SOCIAL SECURITY NUMBER 7, BIRTH	PLACE (City and State or Foreign Country)	8. COUNTY OF DEATH	- 10.40mm (20.40mm) (20.
	BURY, CONNECTICUT	INDIAN RIVE	
MACE OF DEATH HOSPITAL Impel	Grangency Rosm/Outpatient	Deed on Anivol	
NON-HOSPITAL Hosp	pice Fecility Nursing Home/Long Term Care Fecility		
D. FACELTY MAKE (If not inclination, give street extre		11a. CITY, TOWN, OR LOCATION OF DEATH	
927 5TH COURT		13. SURVIVING SPOUSES NAME (# wds.	
2 MARITAL STATUS (Specify			
A Married Married, but Separated 4a. RESIDENCE - STATE	Widowed 20 Divorced Nover Man	14c, City, TOWN, ORLOCATION	The second secon
FLORIDA	병원 잘 됐게 된 뭐 하나면 한국가 , 경우 그는 그는		
44 STREET ADDRESS	INDIAN RIVER	VERO BEACH	DE 140 PHISIDE CITY LIM
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X waste Stack or Aldown A	American Indian or Aleston Native		
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, DECEDENT OF HISPANIC OR HAITIAN ORIGIN?	Yes of Very specified XNo.	Medcan Puerto Filcan Cuba	n Contrat/South American
Specify II decedent was of Empirols or Helden Origin.)		Other Hispanio (Specify)	1 - 1554 NOMBEL
B. DECEDENT'S EDUCATION (Specify the decedent)	s highest degree or level of school completed at time of d	roth.)	19. WAS DECEDENT EVER IN U.S. ARMED FORCES?
Sin or less High school bu	f no dictoresHigh achoel diplome or GED		
College but no degree College degr		Mester'sDoctorate	X Yes No
D. FATHER'S NAME (First Middle, Last Sullis)		NAME (First, Allahile, Maklan Surramo)	
DONALD KNAPP	RUTH	WALZ ISHIP TO DECEDENT 234, INFORMAN	PS MAILING - STATE
海血水流 地名西西马勒姆 不知此 计自由 网络新海南亚 不管的		- 1 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and the state of t
MARY L. KNAPP	WIF	FLOR	1DA 23d 27 COCE
VERO BEACH	kaji kaji kaji kaji kaji kaji kaji kaji		
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CHIEF DEPUTY REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERWARKS OF THE GREAT OF THE STATE OF FLORIDAD DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATER-MARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.



DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD



/OID IF ALTERED OR





January 11, 2012

MARY L. KNAPP 927 5TH COURT VERO BEACH, FL 32960

SUBJECT: GOLFIN-"A", LLC Ref. Number: L04000062932

We have received your document for GOLFIN-"A", LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 712A00000709