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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer	
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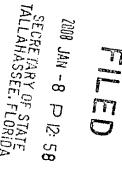
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**EXAMINER** 



600113732676

01/07/08--01020--004 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lake Clay Estates, LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	
David W. Southwell	
(Name of Person)	
Creative Asset Protection Strategies, Inc. 본유 등	
	9
16191 NW 57th Avenue	ISKUMAN ISKUMAN
(Address)	i l
Miami, FL 33014 GG □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Al PART
(City/State and Zip Code)	
For further information concerning this matter, please call:	
David W. Southwell at ( 305 ) 621-0220	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
MAILING ADDRESS: STREET/COURIER ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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and liabilities pursuant to s. 698.442
- <u> </u>
mbers in accordance with their respective
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D <sub>E</sub> 58
judgment, order or decree which may be
ests necessary to approve the dissolution:
Printed Name
oh Community Developers, LL
ect Managers, LLC
<u>j</u>