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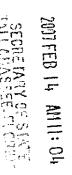
(Re	questor's Name)	
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Certified Coples	Certificates	s of Status
		
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

	ration Section on of Corporations				
SUBJECT:	12 TH St		LLC ted Liability Company)		-
The enclosed A	rticles of Dissolution ar				
Please return all	correspondence conce		-		
	Walt	er Wo.	lenski me of Person)	,.	-
	12 TH ST	/530 (Fir	m/Company)	SEGRET	TI
	P.O. Box	1299	(Address)	ARY OF	TER ILL
	Lehigh	Acres (City/St	FC 33970 ate and Zip Code)	STATE CRIT	AM 11: 04
For further infor	rmation concerning this	matter, please call	!:		
lix	Name of Per	lenski son)	at (239) 26 (Area Code & Daytime	Prelephone Number)	
Enclosed is a chec	ck for the following amou	ıt:			
\$25.00 Filing F		ing Fee & {	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	d)
	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 33	on rations	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
12th st 1530, LLC
2. The Articles of Organization were filed on 1/24/05 and assigned document number 40500007320.
 3. The date the dissolution was approved:
DEVET USED
5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid of discharged. OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to \$608.4421.
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
7. CHECK ONE:
There are no suits pending against the company in any court. OR- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:
Signature Printed Name
dutte Bounde Walter Wolenski

FILING FEE: \$25.00