L05000042634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400097518074

04/23/07--01013--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -4 AM 11:33

J. BRYAN ADD 2. 4 2007

JB

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -4 AM 11:33

LEONIDES SANDOVAL
LEONIDES SANDOVAL DDS PA
813 DOUGLAS AVENUE, SUITE 5
ALTAMONTE SPRINGS, FL 32714

SUBJECT: LEONIDES SANDOVAL, PLC
Ref. Number: L05000042634

We have received your document for LEONIDES SANDOVAL, PLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 807A00027721

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEONIDES SANDOVAL PLC
(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:

LEONIDES SANDOVAL
(Name of Person)

LEONIDES SANDOVAL DDS PA
(Firm/Company)

813 DOUGLAS AVE. SUITE #5
(Address)

ALTAMONTE SPGS. FL. 32714
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -4 AM 11:33

For further information concerning this matter, please call:

LEONIDES SANDOVAL at (407) 774-9872 (407 774-9872)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [x] $25.00 Filing Fee
- [ ] $30.00 Filing Fee & Certificate of Status
- [ ] $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -4 AM 11:23

1. The name of a limited liability company is
LEONIDES SANDOVAL PLC

2. The Articles of Organization were filed on 04/29/2005 and assigned document number
L05000042634.

3. The date the dissolution was approved: 04-17-07.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).
THE PLC IS NOT NEEDE ANYMORE SINCE A CORPORATION WAS STABLISHED INSTEAD.- THAT CORP. NAME IS GOLDENSANDS REALTY INC.

5. **CHECK ONE:**

☑ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 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
L. Sandoval	LEONIDES SANDOVAL

FILING FEE: $25.00