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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of C					
SUBJECT:	Bagate 1/e Name of Florida	Maine L Limited Liability Compan	L(
		ee(s) are submitted to or Business Entity" in a			
	espondence concernin E Aron Contact Person	-			
Jerry	Contact Person E Aron, F	Paikway, # h, Fl 3340			
801/	Vorthpoint	ParkWAY, #	64		
West	Palm Beac	h, F/ 3340	7		
E-mail address: (to	City, State and Zip Code a aron a be used for future annual i	V, COM report notification)			
For further informati	For further information concerning this matter, please call:				
Jerry 1	= Aron	at (<u>561</u>)	346-108		
Name of Contact P	erson	Area Code and Day	ytime Telephone Number		
Enclosed is a check t	for the following amou	ınt:			
□ \$25.00 Filing Fee	S30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	\$60.00 Filing Fee. Certified Copy, and Certificate of Status		
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810		

CR2E106 (05/17)

Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	15 Eden St	
	Bar Harbor, Me o	4609
Mailing Address:	Same	
	Other Business Entity" has agreed to pay any member amount to which such members are entitled under ss. 1072, F.S.	-
Signed this $_{-}$ 18	day of June	20 25
Signature:	Jun E Anon	
_	Must be agned by a Member or Authorized Representative	
Printed Name: Tel	Must be rigned by a Member or Authorized Representative Try E Aron Title: AHorney	
	\mathcal{O}	
Fees: Filing Fee:	\$25.00	
Certified Copy	· · · · · · · · · · · · · · · · · · ·	
Certificate of S	Status: \$5.00 (Optional)	

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