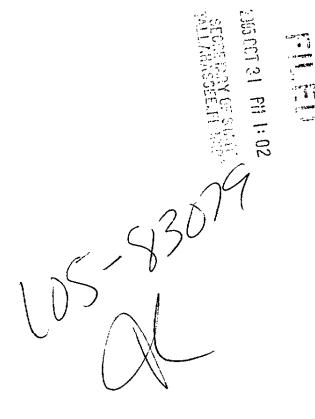
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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





10/17/05--01022--002 \*\*25.00





## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 18, 2005

SALLY MORAN 938 CLARK AVENUE #9 MOUNTAIN VIEW, CA 94040

SUBJECT: CLEAR LAKE 524, LLC Ref. Number: L05000083079

We have received your document for CLEAR LAKE 524, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 905A0006331

## TRANSMITTAL LETTER

TO: Registration So- Division of Cor				
SUBJECT: Clear Lake	e 524, LLC			
SUBJECT:		Limited Liability Company)		
The enclosed Articles of	Dissolution and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matte	r to the following:		
Sal	ly Moran			
		(Name of Person)		
Clear Lake 5	524, LLC			
		(Firm/Company)		
938 Cla	rk Ave. #9			
	·	(Address)		
Moun	tain View, CA 94040			
(City/State and Zip Code)				
For further information c	oncerning this matter, please of	calt:		
Sally Moran		at ( 650 ) 968-6188		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the	following amount:		2005 DC SECRI	
<b>☼</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copyria enclosed)	
STRE	ET ADDRESS:	MAILING ADDRI	1: 02 255:	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is			
Clear Lake 524, LLC			
2. The date the dissolution was approved: 1 2	ot	2005	
3. A description of the occurrence that resulted in section 608.441, Florida Statutes, (copy of 608	the limited l 3.441 on back	iability company's diss of cover letter).	olution pursuant to
"Clear Lake 524, LLC" was filed in error and should ha	ave never beer	filed with the state.	
<ul> <li>4. CHECK ONE:</li> <li>All debts, obligations and liabilities of the limi -OR-</li> <li>Adequate provision has been made for the debt</li> </ul>	•		_
5. All remaining property and assets have been direspective rights and interests.	stributed amo	ong its members in acco	ordance with their
<ul><li>6. CHECK ONE:</li><li>7 There are no suits pending against the company -OR-</li></ul>	y in any court		
Adequate provision has been made for the satisbe entered against it in any pending suit.	sfaction of an	y judgment, order or de	cree which may
Signatures of the members having the same perothe dissolution:	centage of me	embership interests nec	cessary to approve
Stephure 2	Tyr Sally i	oed or Printed name Moran	
			: 02
	<del> </del>		