## W5000120312

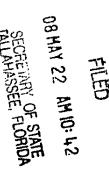
| (Requestor's Name)      |                     |             |  |  |
|-------------------------|---------------------|-------------|--|--|
| (,                      | Add Color of Name ( |             |  |  |
| (Address)               |                     |             |  |  |
| (riddress)              |                     |             |  |  |
| (Address)               |                     |             |  |  |
| , ,                     |                     |             |  |  |
| (Cit                    | :y/State/Zip/Phone  | e #)        |  |  |
|                         | _                   |             |  |  |
| <del></del>             | ☐ WAIT              | MAIL        |  |  |
| ţ<br>i                  |                     |             |  |  |
| — <del>≈</del>          | siness Entity Nar   | me)         |  |  |
|                         |                     |             |  |  |
| (Document Number)       |                     |             |  |  |
|                         |                     |             |  |  |
| Certified Copies        | _ Certificates      | s of Status |  |  |
|                         |                     |             |  |  |
| Special Instructions to | Filing Officer:     |             |  |  |
|                         |                     |             |  |  |
|                         |                     |             |  |  |
|                         |                     |             |  |  |
|                         |                     |             |  |  |
|                         |                     |             |  |  |
|                         |                     |             |  |  |
| •                       |                     |             |  |  |

Office Use Only



600129924126

05/22/08--01017--014 \*\*25.00



MA. Thomas MAY 2 3 2008

## **COVER LETTER**

| TO:           | Registration Section Division of Corporations      |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------|----------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SURIE         | ccr. Charlotte Land T                              | Development Gro                               | up LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ,             |                                                    | nited Liability Company)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               |                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| The en        | closed Articles of Dissolution and fee(s) are subm | nitted for filing.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Please        | return all correspondence concerning this matter t | to the following:                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               | _                                                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               | Brenda Symon                                       | nds                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               |                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               | Charlotte Land                                     | Development Gr<br>irm/Company)                | oup LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| •             | (F                                                 | irm/Company)                                  | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ત્રું         | 18494 arapaho                                      | e Circle                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               |                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               | PORt Charlotte 1                                   | 1 33948                                       | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|               | (Ci <del>l</del> y/S                               | state and Zip Code)                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| For fun       | ther information concerning this matter, please ca | ıll:                                          | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| _             |                                                    | 20- 2017                                      | SECRETURE OF STATE  SECRETURE OF STATE  SHOW THE SECRETURE OF STATE  SHOW |
|               | Brenda Symonds (Name of Person)                    | at (305) 394-79<br>(Area Code & Daytime Telep | bhone Number 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|               | ,                                                  | (                                             | phone Number SEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| \ <del></del> | d is a check for the following amount:             |                                               | H 50 H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| \$25.0        | 00 Filing Fee & Certificate of Status              | Certified Copy Ce                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               |                                                    |                                               | ertified Copy distribution of the copy distribution of the copy is enclosed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|               |                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               | MAILING ADDRESS:                                   | STREET/COURIE                                 | R ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ,             | Registration Section                               | Registration Section                          | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| /             | Division of Corporations P.O. Box 6327             | Division of Corporation Building              | ions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|               | Tallahassee, FL 32314                              | 2661 Executive Cent                           | er Circle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            | Tallahassee, FL 3230                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| Charlotte Land Developm                                                                                                        | rent Group L.LC                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 2. The Articles of Organization were filed on 12 LO 5000120312                                                                 | and assigned document number                                                                                        |
| 3. The date the dissolution was approved: 5-2                                                                                  | 0-2008                                                                                                              |
| 4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back                       | nited liability company's dissolution pursuant to section cover letter).                                            |
| Company No Longer in                                                                                                           | use                                                                                                                 |
|                                                                                                                                |                                                                                                                     |
| 5. CHECK ONE:                                                                                                                  |                                                                                                                     |
| OR-                                                                                                                            | e limited liability company have been paid or discharged e debts, obligations and liabilities pursuant to s. 442 te |
| <ol> <li>All remaining property and assets have been distri-<br/>rights and interests.</li> </ol>                              | buted among its members in accordance with their respective                                                         |
| 7. CHECK ONE:                                                                                                                  | FF S                                                                                                                |
| There are no suits pending against the con-OR-Adequate provision has been made for the entered against it in any pending suit. | e satisfaction of any judgment, order or decree which may be                                                        |
| Signatures of the members having the same percentage of                                                                        | of membership interests necessary to approve the dissolution:                                                       |
| Signature                                                                                                                      | Printed Name                                                                                                        |
| Brende Symonds                                                                                                                 | Brenda Symonds                                                                                                      |
| Silong                                                                                                                         | Joel Symonds                                                                                                        |
|                                                                                                                                |                                                                                                                     |
|                                                                                                                                |                                                                                                                     |
|                                                                                                                                |                                                                                                                     |