6660000024549

. (Req	uestor's Name)	
(Add	ress)	<u> </u>
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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2001 APR -2 AH IO: ILL SECRETARY OF STATE

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COVER LETTER

SUBJECT: 1049	DEL HAVEN, LLC (Name of I	Limited Liability Company)	
The enclosed Articles	of Dissolution and fee(s) are su	ubmitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
-	UH	EL POLLY II	
		(Name of Person)	
	1049 D	EL HAVEN, LLC	
		(Firm/Company)	-
	2700	NW 33 Street	
		(Address)	
	Pompar	no Beach, FL 33069	YOUTAPR
		ty/State and Zip Code)	PR -2
For further information	concerning this matter, please	call:	
Linda Po	lly	_{at (} 954 <u>)</u> 971-3840	VALIOS 114
	(Name of Person)	(Area Code & Daytime Telephone	Number)*
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	D Filing Fee, te of Status & I Copy nal copy is enclosed)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

3. The date the dissolution was approved: March 23	2 2007		
	3, 2007	· 	
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	ed liability company's di ver letter).	ssolution pursuant to se	ection [18]
Voluntary dissolution.		AE.	APF
		AR! O	2
5. CHECK ONE:		T STA	<u>.</u>
All debts, obligations and liabilities of the lir -OR-Adequate provision has been made for the de	ebts, obligations and liab	pilities pursuant to s. 60	8.4421.
rights and interests. 7. CHECK ONE: There are no suits pending against the comparation of the comparation			
Adequate provision has been made for the sa entered against it in any pending suit.	itisfaction of any judgme	ent, order or decree whi	ch may be
gnatures of the members having the same percentage of n	nembership interests nec	cessary to approve the d	lissolution:
Signature	Printed Name		
Ill Falls	Uhel Polly, II		
Lla Sall	Linda Po	lly	