L06000027670

(Requestor's Name)		
(Address)		
(Address)		
, ,		
(City/State/Zip/Phone #)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
•		
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



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07/20/09--01005--008 **25.00



C. LEWIS

JUL 2.1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2009

STEVEN COLE SALTWATER TOURNAMENTS, LLC 150 SE FOUR WINDS DR #302 STUART, FL 34996

SUBJECT: SALTWATER TOURNAMENTS, LLC

Ref. Number: L06000027670

We have received your document for SALTWATER TOURNAMENTS, 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):

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

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 409A00025037

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SALTWATER TOURNAMENTS LIC
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
The enclosed Afficies of Dissolution and ree(s) are submitted for fining.
Please return all correspondence concerning this matter to the following:
STEVEN COVE (Name of Person) — SANTWATUR TOURNAMENTS LLC (Firm/Company)
(Name of Person) —
SATURTER TOURNAMENTS LLC
(Firm/Company)
150 SE FOUR WINDS DR # 302 (Address)
STVALT, FZ. 34996 (City/State and Zip Code)
(y
For further information concerning this matter, please call:
STERRY Cove at (772) 293-7760 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 2009 AUG-474 2:58

The name of a limited liability company is		SECRETARY OF STATE TALLAHASSEE, FLORID
SATTUATER TO	SURNAMENTS	uc.
2. The Articles of Organization were filed on	3-15-0lac	_ and assigned document number
3. The date the dissolution was approved:	11, 2008	
4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co	ted liability company's dis	solution pursuant to section
Company Never	2 ACTIVATED	
5. CHECK ONE:		
All debts, obligations and liabilities of the local or the Adequate provision has been made for the		
6. All remaining property and assets have been distrib rights and interests.		•
7. CHECK ONE:		
There are no suits pending against the com	pany in any court.	
Adequate provision has been made for the entered against it in any pending suit.	satisfaction of any judgmer	nt, order or decree which may be
ignatures of the members having the same percentage of	membership interests nece	essary to approve the dissolution:
Signature		Printed Name
Attol	STOVE	S COLE
	,	
		·
		