

LOG 000033388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

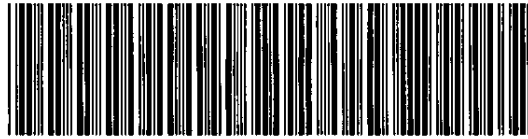
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelican Cove on the Bay LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raul Bolufe
(Name of Person)

(Firm/Company)

5601 W. Flagler St
(Address)

Miami, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Bolufe at (305) 260-0810
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Pelican Cove on the Bay, LLC

2. The Articles of Organization were filed on 03-29-2006 and assigned

document number LOG000033388

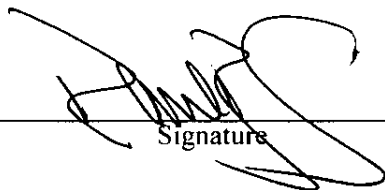
3. The delayed effective date the dissolution if not effective on the date of filing: 01-01-2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Going out of Business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Paul Bolufe
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

FILED