LOODOUL

| (Requestor's Name) | | | |
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| (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: | | | |
| L. SELLERS | | | |

Office Use Only

JUN 26 2009

EXAMINER



200155931202

05/18/09--01021--013 **35.00

09 JUN-25 PM 3: 49
SECAL PART OF STATE
ALL ABASSEF FLORIDA

COVER LETTER

| | ion Section of Corporations |
|---------------------------|---|
| SUBJECT: | COLONIAL SHORES, LLC |
| 50000011 | (Name of Limited Liability Company) |
| The enclosed Artic | cles of Dissolution and fee(s) are submitted for filing. |
| ; Please return all co | orrespondence concerning this matter to the following: |
| | WILLIAM L. BOSEKER (Name of Person) |
| _ | (Name of Person) |
| · | THE ERSHIC GROUP, LLC (Firm/Company) |
| | 1800 N. Elm 37. (Address) |
| | (Address) |
| _ | HENDERSON KY 42420 (City/State and Zip Code) |
| For further inform | ation concerning this matter, please call: |
| | |
| _WL | (Name of Person) at (270) 826-0595 (Area Code & Daytime Telephone Number) |
| Enclosed is a check | for the following amount: |
| \$25.00 Filing Fee | 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy |
| | (additional copy is enclosed) LY -SEE ATTACHED DUE 10.00 MAILING ADDRESS: STREET/COURIER ADDRESS: |
| | MAILING ADDRESS: STREET/COURIER ADDRESS. |
| | Registration Section Registration Section Division of Corporations Division of Corporations |
| • | P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |



May 20, 2009

WILLIAM L. BOSECKER 1800 N. ELM STREET HENDERSON, KY 42420

SUBJECT: COLONIAL SHORES, LLC

Ref. Number: L06000046164

We have received your document for COLONIAL SHORES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Letter Number: 109A00017188

Leslie Sellers Regulatory Specialist II

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

4 1 1 4

FILED 09 JUN 25 PM 3: 49

SECRETARY OF STATE TALLAHASSEE FLORIDA

| 1. The name of a limited liability company is COLONIAL SHORES, L | ALLAMASSEE FLOR |
|--|--|
| 2. The Articles of Organization were filed on | and assigned document number |
| 3. The date the dissolution was approved: | _ /2008 |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover | liability company's dissolution pursuant to section |
| NEED FOR ENTITY CEAS | ED TO EXIST. |
| | |
| | ted liability company have been paid or discharged. ts, obligations and liabilities pursuant to s. 608.4421. I among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compan | • |
| Adequate provision has been made for the satisfied entered against it in any pending suit. | sfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of me | embership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| WR ST | DON ERSHIG |
| | |
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