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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section
Division of Corporations

RIECT. Casa Pura Vida, 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:

Wayne Robbins		
1	(Name of Person)	
	(F)(C)	
	(Firm/Company)	
PO Box 7363		
	(Address)	
Fort Lauderdale,	FL 33338	
(City/State and Zip Code)		

For further information concerning this matter, please call:

Wayne Robbins

_{"/}954

599-2899

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability con	mpany is			
Casa Pura Vida, LLC				
The Articles of Organization were document number		and assigned		
3. The delayed effective date the disc	the dissolution if not effective on the date of filing:			
4. A description of occurrence that re 605.0707, Florida Statutes, (copy 6 Sale of Cooperative Renta	605.0707 on back cover letter).	ny's dissolution pursuant to section		
5. If there are no members, enter the	name and address of the person appe	ointed to wind up the company's		
activities and affairs:				
6. Signature of an authorized person above to wind up the company's acti	or if there are no members, the signa vities and affairs:	ature of the person appointed and listed		
Signature		Printed Name		
Wy The	Wayne Robl	oins		

FILING FEE: \$25.00