Lob 0 000 84047

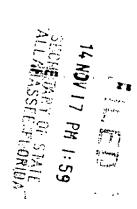
(Red	questor's Name)				
(Add	dress)				
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Dod	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to F	Filing Officer:				

Office Use Only



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J. Shirvers NOV 25 2014

COVER LETTER

		on of Corporations		
SURIFO	~т. Α	LLEGRO PALMS #303 LLC		
SOBJEC	···	(Name of Limit	ed Liability Compa	ny)
Th 1	4	while the state of	1.0 00	
i ne enci	osea A	rticles of Dissolution and fee(s) are submitt	ted for filing.	
Please re	turn al	I correspondence concerning this matter to	the following:	
		TIM SELLARD		
		(Nan	ne of Person)	, <u> </u>
		TIMELINE PROPERTIES		
		(Fire	n/Company)	
		7114 NE 167TH ST		
		(Address)	
		KENMORE, WA 98028		
		(City/Sta	te and Zip Code)	
For furth	er info	rmation concerning this matter, please call:		
TIM SELLARD		425	780-8752	
		(Name of Person)	(Area Co) ode & Daytime Telephone Number)
Enclosed	is a che	ck for the following amount:		
✓ \$25.00 Filing Fee and Certificate of Dissolution			g Fee, Certificate of Dissolution & 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

. The name of a limited liab								
ALLEGRO PALMS #3	03 LLC				·			
. The Articles of Organization	on were filed on UNI	KNOWN	and assigne	d				
document number UNKN	OWN							
The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing)								
A description of occurrence 605.0707, Florida Statutes,	(copy 605.0707 on ba	ack cover letter).	•		section			
ALL PRINCIPALS AND	OFFICERS MU	TALLY AGREED DISS	OLUTION OF	-				
BUSINESS ENTITY								
If there are no members, er	nter the name and add	lress of the person appointe	ed to wind up the	e compar	ny's			
activities and affairs:		7114 NE 167TH ST, K			-			
		·						
				رن نجة				
				55	*			
				- im				
Signature of an authorized sted above to wind up the co	person or if there are mpany's activities an	no members, the signature d affairs:	of the person a	ppointed	and			
Im Illand		TIM SELLARD			59			
Signature		Print	ted Name					

FILING FEE: \$25.00