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

Office Use Only



200306904972

12/29/17--010:4--028 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

Crush Investment Properties, L.L.C.

(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:

Raymond G. Robison

Fox, Wackeen, et. al.

3473 SE Willoughby Blvd.

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond G. Robison

(Name of Person)

at (772) 287-4444 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$555.00 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

ì.	The name of a limited liability company is CRUSH INVESTMENT PROPERTIES, L.L.C.			
2.	The Articles of Organization were filed on and assigned			
	document numberL07000008196			
3.	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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
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).			
	Consent of all Members			
5.	. If there are no members, enter the name and address of the person appointed to wind up the company's			
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	<u> </u>	١.		
	7 AA 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	. ''		
	- 10 mg	•		
6 li	 Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs: 			
	/ Manuager			
	Tim Ioannides, M.D., Manager Printed Name			
	Signature-			

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Crush Investme	ent Properties, L.L.C.			
Document number of Limited Liability Company is: L0700008196				
Document number of Limited Liability Company is.				
Date of dissolution was: 12/31/17				
Description of information that must be included in a written cla	úm:			
Name and Address of Claimant				
Amount of Claim				
Whether Claim is Secured or Conting	gent			
Detailed Description of Type of Claim				
Date Claim Arose				
Mailing address where claims can be sent: (Claims cannot be se	ant to the Division of Corporations)			
140 S.W. Chamber Court	MEC 29			
Suite 200				
Port St. Lucie, FL 34986	AH 7:			
A claim against the above named limited liability company will claim is commenced within 4 years after the filing of this notice	be barred unless a proceeding to enforce the c.			
Tim Ioannides, M.D., Manager	Signature of the Person Filling			
D Contains of the Person Filing	C.B. Maria			

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing