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COVER LETTER

TO: Registration Section Division of Corporations

Surger Colonial West Acres, 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:

James E. Baker, Jr.

(Name of Person)

Baxter, Baker, Sidle, Conn & Jones, P.A.

(Firm/Company)

120 E. Baltimore Street, Suite 2100

(Address)

Baltimore, MD 21202

(City/State and Zip Code)

For further information concerning this matter, please call:

James E. Baker, Jr.

410

385-8122

(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 liabi Colonial West Acres, LLC	name of a limited liability company is onial West Acres, LLC				
2.	The Articles of Organization	n were filed on Fe	bruary 19, 2007	and assigned		
	document number L070000	19142				
3.	(effective	date cannot be prior to this block does not m	ot effective on the date of filing: or more than 90 days later than date do leet the applicable statutory filing re- artment of State's records.	cument is received for filing) quirements, this date will not		
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).					
	No business was ever perform	• •		24		
			<u></u>	ತ		
				ت ب		
5.	If there are no members, en	ter the name and ac Kenneth C. Lundo	ddress of the person appointed to	wind up the company's		
		4940 Campbell Bo	oulevard, Suite 100			
		Baltimore, MD 21	236			
6. lis	Signature of an authorized passed above to wind up the cor	person or if there a mpany's activities a	re no members, the signature of t and affairs:	he person appointed and		
<u>/</u>	anth Chin	lear_	Kenneth C. Lundeen	· · · · · · · · · · · · · · · · · · ·		
Signature		Printed F	Printed Name			

FILING FEE: \$25.00