L07000038231

(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: A. LUNT MAY 192008 EXAMINER				
(City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Business Entity Name) (Document Number) (Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT MAY 19 2008	(Requestor's Name)			
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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) 7-38237 (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT MAY 19 2008	· · · · · · · · · · · · · · · · · · ·			
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2000 MAY 15 A 10: 42
SECRETARY OF STATE

Letter Number: 208A00025303

RONALD COTE 12546 LAKE VISTA DR. WILLIS, TX 77318

SUBJECT: COTE APARTMENT 3, LLC

Ref. Number: L07000038231

We have received your document for COTE APARTMENT 3, LLC_and your check(s) totaling \$25.00. However, the enclosed document has not been and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenied of

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) 245-6094.

Agnes Lunt Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cote APARTMENT 3 LLC (Name of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
The character futures of Dissoration and too(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ronald Cote TERRE THE TERRE	
WAY 16 NASSE	7
(Firm/Company)	1
12546 LAKE VISTA DESTO	•
(Address)	
12546 LAKE VISTA DESTONO (Address) (Address) (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Round Cote at (936) 890-0201 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: — Done	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 company is Cote APArt M	ent3 LLC
2. The Articles of Organization were filed on April 1.	1/ 10, 2007 and assigned document number
3. The date the dissolution was approved:	2008
4. A description of occurrence that resulted in the limited lia 608.441, Florida Statutes, (copy 608.441 on back cover le	etter).
Transfer of o	<i>,</i>
SAID APAUTIN	eut
5. CHECK ONE:	ZOUB N
All debts, obligations and liabilities of the limited OR- Adequate provision has been made for the debts,	CO.D.
6. All remaining property and assets have been distributed an rights and interests.	
7. CHECK ONE:	ORIO L
There are no suits pending against the company in OR- Adequate provision has been made for the satisfar entered against it in any pending suit.	n any court. ction of any judgment, order or decree which may be
ignatures of the members having the same percentage of members	pership interests necessary to approve the dissolution:
Signature	Printed Name
Roscald Cate 100%	Rouald Cote