

LO7000062049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

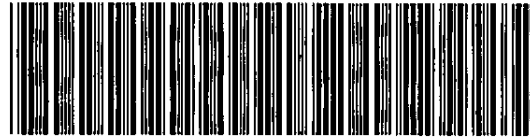
(Business Entity Name)

(Document Number)

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2014 APR 21 PM 3:45
SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

APR 24 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indian Pass Properties 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:

Jerry Thompson
(Name of Person)

Indian Pass Properties, LLC
(Firm/Company)

1629 Wayfarers Ct.
(Address)

St George Island, FL 32328
(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry Thompson at (850) 899-5610
(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

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REGISTRATION SECTION
TALLHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Indian Pass Properties, LLC

2. The Articles of Organization were filed on 28th day of June, 2007 and assigned
document number L07000062049

3. The delayed effective date the dissolution if not effective on the date of filing: January 23, 2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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 assets or liabilities. Main purpose in forming LLC was to hold investment propertie
which have been sold and debts paid off.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Jerry M Thompson
Printed Name

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CLERK OF STATE
TALLAHASSEE FLORIDA

FILING FEE: \$25.00