L07000068642

| (F | Requestor's Name) |
|------------------------|-------------------------|
| <u> </u> | Address) , |
| (A | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (C | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
| | |
| | |
| | : |

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations LI AHASSEE, FLORIDA

April 14, 2016

GERARD M. KLUFT D.DS 329 N. SEA LAKE LANE PONTE VEDRA BEACH, FL 32082

SUBJECT: TERRACE PROFESSIONAL CENTER I, LLC

Ref. Number: L07000068642

We have received your document for TERRACE PROFESSIONAL CENTER I, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 416A00007686 ₹

The form you the sum are overly one between the one submitted. Previously

COVER LETTER

| TO: Registration Section Division of Corporations |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: TEXAME PROFESSIONAL CENTER I 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: |
| GERALI M KLUPT DDS (Name of Person) |
| (Firm/Company) 329 N. See LAKE LANE |
| 329 N. See LAKE LANE (Address) PONTE VEDAR BEACH, H 32082 (City/State and Zip Code) |
| install |
| For further information concerning this matter, please call: CERRID M KIUFT DDS at (813) 244-416 Area Code & Daytime Telephone Number) |
| (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: |
| Enclosed is a check for the following amount: \$\Begin{array}{c} \text{\$\frac{1}{2}} \ |
| MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section |
| Division of Corporations Division of Corporations |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is [FILLACE NOFESSIONAL CENTER I LLC |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | The Articles of Organization were filed on |
| | document number |
| 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). Sold Property LLC dissolver As Property was only Asset. |
| | was only Asset. |
| | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| | AHASSEE OF A |
| 6. | Signature of an authorized person or if there are no members, the signature of the person appointed and |
| | Signature Signature Service Signature Service |

FILING FEE: \$25.00