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SECRETARY OF STATIONS
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ON THE STATE OF STATIONS
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 500 VISTA VILLAS, 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:
RANDY A. WRIGHT (Name of Person)
SUNVISTA VILLAS, LLC (Firm/Company)
2063 KIMBERWICKE CIRCLE
OVIEDO FL 32765  (City/State and Zip Code)
For further information concerning this matter, please call:
RANDY A. WRIGHT at (407) 359-9408  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\sum_{\text{S25.00 Filing Fee}} \text{ \$\sum_{\text{30.00 Filing Fee}} \text{ \$\sum_{\text{S55.00 Filing Fee}} \text{ \$\sum_{\text{S60.00 Filing Fee}} \text{ \$\sum_{\text{Certified Copy}} \text{ \$\sum_{\text{Certified Copy}} \text{ \$\sum_{\text{Certified Copy}} \text{ \$\sum_{\text{Certified Copy}} \text{ \$\text{Certified Copy} \text{ \$\text{Certified Copy} \text{ \$\text{(additional copy is enclosed)}  \$\text{(additional copy is

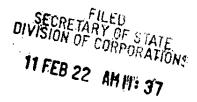
# MAILING ADDRESS:

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



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y's dissolution pursuant to section  TO RENT UNIT
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pany have been paid or discharged.  Id liabilities pursuant to s. 608,4421.
bers in accordance with their respective
dgment, order or decree which may be
its necessary to approve the dissolution:
Printed Name
ANDY A, WRIGH
THRYN E. WRIG.