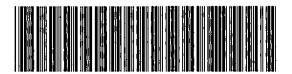
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(Re	equestor's Name)		
(Address)			
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ві	ısiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
		j	

Office Use Only



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KSALY EXMINER MAR - 4 2015

COVER LETTER

	ision of Corporations		
SUBJECT:	ZEELANDIA PROPERTY HOLDIN	IGS, LLC	
SOBSECT.	(Name of Limite	ed Liability Compar	ny)
	Articles of Dissolution and fee(s) are submitt		
Please return	all correspondence concerning this matter to	the following:	
	Carlos A. Triay, Esquire		
	(Nam	ne of Person)	
	Carlos A. Triay PA		
	(Fire	n/Company)	
	2301 NW 87 Avenue #501		
	((Address)	
	Miami, FL 33172		
	(City/Sta	te and Zip Code)	
For further in	nformation concerning this matter, please call:		
Ca	arlos A. Triay	305 at (597-8944
	(Name of Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a	check for the following amount:		
- \$25	.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution & opy (additional copy is enclosed)
	MAILING ADDRESS:	STR	EET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2015 FEB 20 AM 11: 42

SECRETARY OF STATE
ALLAHASSEE. FLORIDA

1.	The name of a limited liab	• •	FALL AHASSE		
2.	The Articles of Organization	on were filed on 12/28/2007	and assigned		
	document number L0800				
3.	The delayed effective date (effective	the dissolution if not effective on the date of the date of the date cannot be prior to or more than 90 days later the	f filing: an date document is received for filing)		
4.	A description of occurrence 605.0707, Florida Statutes, Written consent of all r	e that resulted in the limited liability compar (copy 605.0707 on back cover letter).	ny's dissolution pursuant to section		
	written consent of an i	lembers.			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Herbert Colon				
		Miami, FL 33296			
6. lis	Signature of an authorized sted above to wind up the co	person or if there are no members, the signal ompany's activities and affairs:	sent of the person appointed and		
	Signature		Printed Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
There are no outstanding claims at this time. However, any claims must be itemized.
79155
20
SET OF THE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Carlos A. Triay, Esquire
2301 NW 87 Avenue #501
Miami, FL 33172
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Hensert Colon
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00