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COVER LETTER

Registration Section Division of Corporations

TO:

Fairfield, FL 32634-0637 (City/State and Zip Code) For further information concerning this matter, please call: Sharon A Van Voorhis (Name of Person) Enclosed is a check for the following amount: State		(Name of	Limited Liabilit	y Company	')			
Sharon A Van Voorhis (Firm/Company) PO Box 637 (Address) Fairfield, FL 32634-0637 (City/State and Zip Code) For further information concerning this matter, please call: Sharon A Van Voorhis (Name of Person) (Name of Person) Enclosed is a check for the following amount: State of Status Certificate of Status Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations State of Status Additional Copy is enclosed) Registration Section Division of Corporations	The enclosed Articles of Disso	olution and fee(s) are s	ubmitted for fili	ng.				
(Name of Person) PO Box 637 (Address) Fairfield, FL 32634-0637 (City/State and Zip Code) For further information concerning this matter, please call: Sharon A Van Voorhis (Name of Person) (Name of Person) Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations S782 591-4787 (Area Code & Daytime Telephone Number) S60.00 Filing Fee, Certificate of Status &	Please return all corresponden	ce concerning this mat	ter to the follow	/ing:				
PO Box 637	Sharon A	A Van Voorhis	;				man 2	~ :
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For further information concerning this matter, please call: Sharon A Van Voorhis (Name of Person) Enclosed is a check for the following amount: State of Status At (352) 591-4787 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: State of Status Certificate of Status & Cer	(Address)					÷ သ		
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Sharon A Van Voorhis (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓ \$25.00 Filing Fee Certificate of Status (Area Code & Daytime Telephone Number) S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations		(Cı	ty/State and Zip	Code)				
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Division of Corporations Division of Corporations							RESS:	
	Division o	f Corporations		Divisio	on of Corp	orations		***
Tallahassee, FL 32314 Clifton Building of the Content Circle Tallahassee, FL 32314 Tallahassee, FL 32301	STATE OF DESCRIPTION DATE A	2007						

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SUN VALLEY NURSERY LLC	
2. The Articles of Organization were filed on 02/1 L08000015189	1/2008 and assigned document number
3. The date the dissolution was approved: 01/10/2	2011
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of the control of the	nited liability company's dissolution pursuant to section
5. CHECK ONE:	•
-OR-	e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributed interests.	buted among its members in accordance with their respective
7. CHECK ONE:	
 ✓ There are no suits pending against the con- OR- Adequate provision has been made for the entered against it in any pending suit. 	e satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Than A Van Voorling	SHARON A VAN VOORHIS

FILING FEE: \$25.00