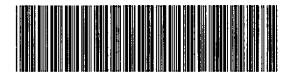
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COVER LETTER

	tion Section of Corporations	
SUBJECT:	FISLAND VEN	MURES LLC. (Liability Company)
The enclosed Art	icles of Dissolution and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the following:		
KENNETH J. LA MOTTE (Name of Person)		
(Firm/Company)		
SANIBEL, FL 33957		
(Address)		
DANIBEL, FL 33957		
	(City/State	and Zip Code)
For further information concerning this matter, please call:		
KE	INETH J. LAMBITE	at (Z39) 472-3271 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:		
□ \$2 5.00 F	iling 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
FISLAND VENTURES, LLC	•
2. The Articles of Organization were filed on ZAN 30	2, 2008 and assigned
document number <u>L 0 8 0 0 0 0 2 0 1</u> 4.	+
3. The delayed effective date the dissolution if not effective of (effective date cannot be prior to or more than 9 Note: If the date inserted in this block does not meet the applic listed as the document's effective date on the Department of Sta	
4. A description of occurrence that resulted in the limited lial 605.0707, Florida Statutes, (copy 605.0707 on back cover liable)	etter).
Company's PRINCIPAL AS	SET (MI LLC) WAS
LIQUIDATED AND COM	DANY HAS NO FURTHER
BUSINESS TO CONDUCT	
	Zo.
5. If there are no members, enter the name and address of the activities and affairs:	person appointed to wind up the company's
	59.5
<u></u>	20 N
6. Signature of an authorized person or if there are no membelisted above to wind up the company's activities and affairs:	ers, the signature of the person appointed and
KSAMotte	KENNETH J. LAMOTTE
/ Signature	Printed Name

FILING FEE: \$25.00