

LO8000069154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

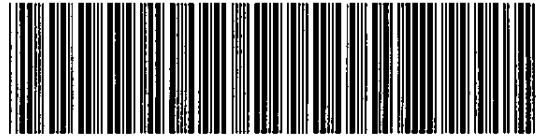
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/27/09--01010--021 \*\*43.75

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09 SEP 29 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 29 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISLANDPASS, 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:

KEVIN REAM

(Name of Person)

ISLANDPASS, LLC

(Firm/Company)

654 MARINA POINT DR.

(Address)

DAYTONA BEACH, FL 32114

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN REAM

(Name of Person)

at ( 678 ) 427 9100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee &  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

ALREADY PAID

**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

FILED  
09 SEP 29 AM 10:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2009

KEVIN REAM  
654 MARINA POINT DR  
DAYTONA BEACH, FL 32114

SUBJECT: ISLANDPASS, LLC  
Ref. Number: L08000069154

We have received your document for ISLANDPASS, LLC and your check(s) totaling \$43.75. 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 509A0002978

**FILED**  
09 SEP 29 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

ISLANDPASS, LLC

2. The Articles of Organization were filed on 7/17/08 and assigned document number

LO8000069154

3. The date the dissolution was approved: 8/24/09

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

FAILED BUSINESS

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09 SEP 29 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5. CHECK ONE:

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

☒ -OR-

☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.

☒ -OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

[Signature]

Printed Name

KEVIN REAM  
MANAGING MEMBER