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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090 Phone : (305)670-1991 Fax Number : (305)670-1993

THE IVY 2308, L.L.C.

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#ANp-8 209

EXAMINER

COVER LETTER

	vision of Corporation	13						
SUBJECT	Great Shot, LLC							
SOBJECT		Name of L	imite	d Liability (Company			-
		eign Limited Liability Comps d to register the above referen						
Please retur	m all correspondence o	concerning this matter to the f	vellá	ving:				
		Je	an N	Meyer				
		Na	me of	f Person				
		InCorp	o Ser	vices, Inc.				
		Fir	m/Cc	ompany				
		3773 Howard Hu	ghes	s Pkwy. • S	Suite 500	S		
			Add	iress		,		
		Las Vegas	s, N\	√ 89169-6	014			
		City/Sta	ite ar	ıd Zip Code		<u></u>		
		Jean.Mey	/er@	Incorp.con	1			
		E-mail address: (to be used	for fi	uture annual	report not	ification)	<u> </u>	·
For further	information concernin	g this matter, please call:					= . = .	2019
Je	anMarie Meyer on be	half of InCorp Services, Inc.		(702)	866	3-2500	H.	
_	Name o	f Contact Person	_ at	Area Code	Day	time Telephone Nur	·· -	
Di Re P.	AILING ADDRESS: vision of Corporations gistration Section O. Box 6327 dlahassee, FL 32314				Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	AHII: 02	17
	a check for the follow \$125.00 Filing Fee	ing amount: \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$		155.00 Pilin tified Copy	g Fee &	☐ \$160.00 Filing of Status & Certifi		ñcate

To:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

				<u> </u>
2.	The Articles of Organization	were filed on 11/18/2008	and ass	signed
	document number L08000107	242		
ì.	(effective day Note: If the date inserted in this	e dissolution if not effective on the cannot be prior to or more than 90 c s block does not meet the applicable date on the Department of State's	lays later than date document t e statutory filing requireme	s received for filing) nts, this date will not b
١.	605.0707, Florida Statutes, (co	nat resulted in the limited liability opp 605.0707 on back cover lett	cr).	pursuant to section
	100% OF THE MEMBERS AGE	REED TO FILE A COMPLETE DI	SSOULTION	
		•		
				
				1
		the name and address of the ne	reon appointed to wind t	on the company's
i.	If there are no members, enter	the name and address of the pe	rson appointed to wind t	p the company's
i.			rson appointed to wind t	ip the company's
· ·	If there are no members, enter		rson appointed to wind t	p the company's JAN - 7
i.	If there are no members, enter		rson appointed to wind t	JAN - 7 HARCST
i.	If there are no members, enter		rson appointed to wind t	ip the company's JAN - 7
i.	If there are no members, enter		rson appointed to wind t	HARCELL FLORE
i.	If there are no members, enter		rson appointed to wind t	JAN - 7 HARCST
· .	If there are no members, enter activities and affairs:	the name and address of the pe		HARSTI FLORIDS
	If there are no members, enter activities and affairs:	son or if there are no members, any's activities and affairs:		hake Str. FL O VID: on appointed and