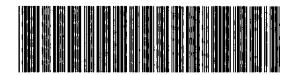
L09000001308

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



300242311253

12/03/12--01032--013 **52.50

01/24/13--01006--004 **7.50

SECRETARY OF SECRE

C. LEWIS

JAN 24 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2012

STEPHEN R. STEIGERWALD / ORCHID ISLAND PACK N SHIP 6420 PATRICE LANE VERO BEACH, FL 32967

SUBJECT: ORCHID ISLAND PACK N SHIP LLC

Ref. Number: L09000001308

We have received your document for ORCHID ISLAND PACK N SHIP LLC and check(s) totaling \$52.50 of which \$52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$7.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00029483



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: ORChid Island PACKN Ship 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:

| Steve Steigerward | | | |
|----------------------|--|--|--|
| (Name of Person) | | | |
| (Firm/Company) | | | |
| 6420 Patrice LINE | | | |
| (Address) | | | |
| Vero Beach, FL 32967 | | | |

For further information concerning this matter, please call:

Steve steigerunder

at (56/

214-1293

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$30 00 Filing Fee &

\$55,00 Filing Fee &

Certificate of Status Certified Copy

(additional copy is enclosed)

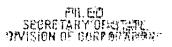
ρ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2013 JAN 23 PM 3: 28

| 1. The name of a limited liability company is ORCHIOLESIAND PACK N Se | hip LLC |
|--|---|
| 2. The Articles of Organization were filed on | 6 - 2009 and assigned document number |
| 3. The date the dissolution was approved: | ted liability company's dissolution pursuant to section over letter). |
| Business closed 6-30- | |
| | |
| 5. CHECK ONE: All debts, obligations and liabilities of the | limited liability company have been paid or discharged. |
| -OR- | debts, obligations and liabilities pursuant to s. 608.4421. |
| | uted among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the com | pany in any court. |
| Adequate provision has been made for the entered against it in any pending suit. | satisfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage o | f membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Styll B. Slaget | Stephen R. Steigerwald |
| Black E. Stingwood | GRUNDA E. Steigerwald |
| | |
| | |