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Office Use Only



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COVER LETTER

2: Division of Corporations
SUBJECT: <u>DEVELOPERS CAPITAL</u> , 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:
TIMOTHY HEARN
TIMOTHY HEARN (Name of Person)
(Firm/Company)
4752 NW 80 TH RD. (Address)
(Address)
GAINESVILLE, FL 32653 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TIMOTHY HEARN at (352) 505-2600 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and 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

_	lity company is
DEVELOPERS C	APITAL, LLC.
. The Articles of Organization	n were filed on APRIL 08, 2009 and assigned
document number <u>L09</u>	000034493
Note: If the date inserted in t	he dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.
A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
MANAGING MEMBER	HAS DECIDED NOT TO CONDUCT ANY FURTHER
BUSINESS UNDER 7	HIS ENTITY DUE TO CURRENT UNFAVORABLE
MARKET CONDITIO	ons,
TARRET CONDITION	
If there are no members, ent	er the name and address of the person appointed to wind up the company's
activities and affairs:	NA,
Signature of an authorized p	erson or if there are no members, the signature of the person appointed and
Signature of an authorized pated above to wind up the com	erson or if there are no members, the signature of the person appointed and pany's activities and affairs:
Signature of an authorized poted above to wind up the com	npany's activities and affairs:
Sted above to wind up the com	TIMOTHY HEARN S Printed Name S
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