

**LOG 0000 46020**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
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Fax Number : (850)878-5368

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC DISSOLUTION OR WITHDRAWAL  
TRILOGY CENTER II, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2014 DEC 24 PM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEC 29 2014

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRILOGY CENTER II, 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:

Kim Dunlay

(Name of Person)

Optimal Outcomes, LLC

(Firm/Company)

240 1st Avenue South, Suite 400

(Address)

St. Petersburg, FL 33701

(City/State and Zip Code)

2014 DEC 24 AM 8 19  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

For further information concerning this matter, please call:

Kim Dunlay

(Name of Person)

727

895-8902

at (

) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

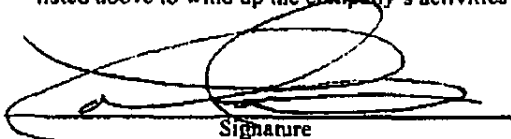
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
TRILOGY CENTER II, LLC
2. The Articles of Organization were filed on May 12, 2009 and assigned  
document number L09000046020
3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
Sale and final disposition of the property of the Company to a third party as provided:  
in Section 9.1 of Operating Agreement.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
Signature

R. Patrick Marston

Printed Name

**FILING FEE: \$25.00**