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(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Вс	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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12/30/15--01026--015 **175.00

2015 DEC 30 PM 4: 56

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K.SALY EXAMINER JAN - 4

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OASIS B2 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:
HELENA VANJERWEY (Kame of Person)
OASIS B2 LLC (Firm/Company)
2062 20th AVK SE (Address)
4360, F1 33771 (City/State and Zip Code)
For further information concerning this matter, please call:
THE LENA VANDER WEY at (503) 982-0880 (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

PILED
2015 DEC 30 PK 4:56

LLAHASSEE SLOWING

1.	The name of a limited liability company is	£	TALLAHASSE	
	04515 BZ LLC	`	TAMASSE.	
2.	The Articles of Organization were filed on _	06/09/09 and assigned		
	document number <u>L0900056</u>	220		
3.	The delayed effective date the dissolution if (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the De	not effective on the date of filing:	/ /5 ed for filing) s date will not be	
4.	A description of occurrence that resulted in t 605.0707, Florida Statutes, (copy 605.0707 o	the limited liability company's dissolution pursuon back cover letter).	ant to section	
	All MEMBER CONSENT,	/ All ASSETS SULT		
	, , ,	/		
	_			
5.	If there are no members, enter the name and activities and affairs:	address of the person appointed to wind up the	company's	
6. list	Signature of an authorized person or if there ed above to wind up the company's activities	are no members, the signature of the person apps and affairs:	ointed and	
k	The Vanden	HELENA VANDERWI	<u>'</u> cy'	
	Signature	Printed Name LING FEE: \$25.00		

Notice of Limited Liability Company Dissolution

2015 DEC 30 PM 4: 56

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Offsi 5 B 2 LLC
Document number of Limited Liability Company is: <u>L09000 56220</u>
Date of dissolution was: 12/31/15
Description of information that must be included in a written claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
HELENA VANJERNEY
2062 20th AVE SE
HELENA VANDERWEY 2062 20th AVE SE LARGO, FL 33771

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

HELENA VANGERWEY

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00