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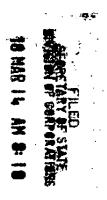
(Re	equestor's Name)		
(Ad	ldress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Second Properties (Name of Limited Liab	ility Company)		
The enclosed Articles of Dissolution and fce(s) are submitted for	filing.		
Please return all correspondence concerning this matter to the foll	owing:		
(Name of Pe	J- (yer		
(Firm/Comp	any)		
Glf E-South J (Address	7- Suite 500 O lands		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) a	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution	3 \$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