Florida Department of State

Division of Corporations
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Division of Corporations

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: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPQUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL GO OUTDOOR CONSULTING, LLC

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBDECT

Go Outdoor Consulting, 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:

Dana M. Apfelbaum, Esq.

(Name of Person)

Dean, Mead, Minton & Zwemer

(Firm/Company)

1903 S. 25th Street, Suite 200

(Address)

Fort Pierce, Florida 34947

(City/Stare and Zip Code)

For further information concerning this matter, please call:

Dana M. Apfelbaum

.772

464-7700

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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/COURTER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H15000162651 3))) ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1,	The name of a limited liability company is Go Outdoor Consulting, LLC
2.	The Articles of Organization were filed on 05/13/2010 and assigned
	document number L10000051541
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inscreed in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.
4 E	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).
	Written Consent of the sole Member
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
•	activities and attaits.
	·
5. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to sind up the company's activities and affairs:
	Michael T. Gallaher, as Trustoc, Member
7	Si nature Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

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: Go Outdoor Consulting, LLC Document number of Limited Liability Company is: L10000051541			
			Date of dissolution was:
Name of Claimant			
Address of Claimant			
Amount of Claim			
Basis of Claim (attach copy)			
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Ag Plus Developments, Inc.			
165 Interlake Boulevard			
Lake Placid, Florida 33852			

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.

Michael T. Gallaher, as Trustee, Member,

Printed Name of the Person Filing

Signature of the Person Filing

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