

L10000068910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

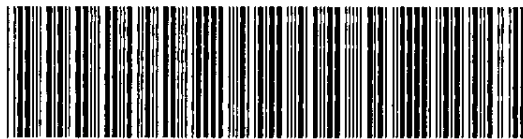
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A. LUNT

MAY 13 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 12 PM 3:30

FILED

SPRAKER & PRINZ

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

LYNNE W. SPRAKER, P.A.
MEMBER FLORIDA INSTITUTE OF CPAS

SEACOAST NATIONAL BANK CENTER
815 COLORADO AVENUE, SUITE 103 STUART, FLORIDA 34994
P.O. BOX 1138, STUART, FLORIDA 34995-1138

TELEPHONE (772) 220-0212 FACSIMILE (772) 220-0422
E-MAIL: SPRAKERP@BELLSOUTH.NET
E-MAIL: LSPRAKER@AOL.COM (L. SPRAKER)

BETH TEARDO PRINZ, P.A.
BOARD CERTIFIED WILLS,
TRUSTS, & ESTATES

May 9, 2011

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

RE: Imperial 1-E, LLC
Document No.: L10000068910

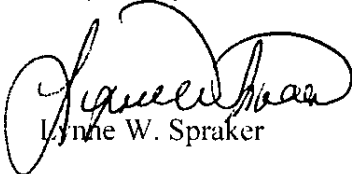
Dear Representative:

Please find enclosed the following:

1. Articles of Dissolution For Florida Limited Liability Company for Imperial 1-E, LLC.
2. Check made payable to Florida Department of State in the amount of \$25.00.

If you should have any questions or need additional information, please do not hesitate to contact me.

Very truly yours,



Lynne W. Spraker

LWS/bs

Enclosures

cc: Silke D'Alessandro

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2011 MAY 12 PM 3:30
SEACOAST NATIONAL BANK CENTER
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imperial 1-E, 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:

Lynne W. Spraker, Esquire

(Name of Person)

Spraker & Prinz

(Firm/Company)

815 Colorado Avenue, Suite 103

(Address)

Stuart, FL 34994

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lynne W. Spraker

(Name of Person)

at (772) 220-0212

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
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

Imperial 1-E, LLC

2. The Articles of Organization were filed on June 28, 2010 and assigned document number L10000068910

3. The date the dissolution was approved: _____

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

ALL OF THE MEMBERS OF THE LIMITED LIABILITY COMPANY CONSENTED TO THE DISSOLUTION.

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Silke D'Alessandro

Ernst Schrader