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SECRETARY OF STATE
ASSASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section **Division of Corporations**

1812 US Hwy 19, 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:

william L Taldone		
(Name of Person)		
LLC		
(Firm/Company)		
123 Carlyle Circle		
(Address)		
Palm Harbor, Fl. 34683		
(City/State and Zip Code)		

For further information concerning this matter, please call:

William L Taldon	е	at (_	727)	580	7037	
(Name of Person)			(Area	Code &	Daytime	Telephone Numbe	r)
	~ 1		. 1				

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 comp 1812 US Hwy 19 LLC	any is	·
. The Articles of Organization were fi	led on June 30, 2010	and assigned
document number L 10000080908		
The delayed effective date the dissol (effective date cannot Note: If the date inserted in this block listed as the document's effective date of AMIJA A description of occurrence that resu 605.0707, Florida Statutes, (copy 605)	on the Department of State's records The Department of State's records The Department of State's records	i y ming requirements, this date will not
The building located at 1812 US Hwy. 1	9, Holiday Fl. was sold	
If there are no members, enter the na activities and affairs:	me and address of the person ap	pointed to wind up the company's
Signature of an authorized person or sted above to wind up the company's a	if there are no members, the signactivities and affairs:	nature of the person appointed and
Staldmi Managignature	William L Taldo	
M Ma Signature		Printed Name mg 0
	FILING FEE: \$25.00	2: 0' STATE STATE