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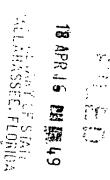
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:

Registration Section Division of Corporations

_{...} FAM Shady Oaks, 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:

Robert M. Cornfeld
(Name of Person)
The Cornfeld Group
(Firm/Company)
3850 Hollywood Blvd. Ste. 400
(Address)
Hollywood, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Cornfeld

_{at (}954

989-2200

(Name of Person)

(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

	me of a limited liab hady Oaks, LLC	lity company is					
2. The Ar	ticles of Organization	on were filed on 08/05	5/2010	and assign	_ and assigned		
docume	ent number L100000	82266					
Note:	If the date inserted in	e date cannot be prior to oi	effective on the date or more than 90 days later that the applicable statutoryment of State's records.	an date document is re			
l. A descr 605.070	ription of occurrence 7, Florida Statutes,	e that resulted in the I (copy 605.0707 on ba	imited liability compar ick cover letter).	ny's dissolution po	ırsuant to	section	
Compan	y dissolution is a resu	lt of no business activity	·-				
				•	HASSE	- PR	
		ter the name and addr	ress of the person appo	ointed to wind up t	he compa	ny's	
activitie	es and affairs:	Robert M. Cornfeld	· · · · · · · · · · · · · · · · · · ·		<u> </u>	9	

. Signatu sted abov	re of an authorized pe to wind up the con	person or if there are a	no members, the signal l affairs:	ture of the person	appointed	and	
Mus	1 / Mu						
[[/[]/]	Signature	<u></u> _	P	Printed Name			

FILING FEE: \$25.00