Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000183079 3)))



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LLC DISSOLUTION OR WITHDRAWAL GROVENOR INVESTMENTS LLC

| Certificate of Status | 0 | |
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*Attn: Justin Shivers***

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Corporate Filing Menu

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K. SALY

August 1, 2016

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FLORIDA DEPARTMENT OF STATE DIVISION of Corporations

GROVENOR INVESTMENTS LLC 2020 PONCE DE LEON BLVD PH-2 CORAL GABLES, FL 33134

SUBJECT: GROVENOR INVESTMENTS LLC

REF: L10000084532

RE-SUBMIT
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including-the-electronic filing cover sheet.

The form you submitted is for a Florida Corporation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers FAX Aud. #: H16000183079
Regulatory Specialist II Supervisor Letter Number: 016A00016067
Registration/Qualification Section

ZUIGAUG -3 PM 5: 03

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| 1. | . The name of a limited liability company is | TAMASSÉE, FI |
|-----------|--|---|
| | GROVENOR INVESTMENTS LLC | · |
| 2. | . The Articles of Organization were filed on August 1 | 1, 2010 and assigned |
| | document number L10000084532 | |
| 3. | The delayed effective date the dissolution if not effe (effective date cannot be prior to or mor Note: If the date inserted in this block does not meet the listed as the document's effective date on the Departmen | applicable statutory flling requirements, this date will no |
| 4. | . A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back of | ed liability company's dissolution pursuant to section cover letter). |
| | No activity, no assets. | |
| | | |
| | | |
| | | |
| 5. | . If there are no members, enter the name and address activities and affairs: | of the person appointed to wind up the company's |
| | | |
| | | |
| | | |
| | | |
| 6. lis | . Signature of an authorized person or if there are no steed above to wind up the company's activities and af | nembers, the signature of the person appointed and fairs: |
| | . 0 + | |
| 1: | : seas mular) | Joan Burton Jensen, Manager |
| Γ- | Signature | Printed Name |
| | \ \ \ \ FILING F | 'EE: \$25.00 |

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