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11 APR 14 AM 11:37
SECRETARY OF STATE
TALLAHASSEE FISIATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LARICS PUR REALTY, LLC (Name of Limited Liability Company)
(and a submit s
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
APRIL A- BRETON (Name of Person)
COMPASS REAL ESTATE SOLUTIONS (Firm/Company) Moiling Address: 8595 College Pkway (Address)
Moiling Address: 8595 College PKWay
Ste. 350 Fort Myers, Pe 33919 (City/State and Zip Code)
For further information concerning this matter, please call: 936-7900
April Breton at (339) 825-8455 (Name of Person) (Area Code & Daytime Telephone Number)
Inclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

YPR I I 2011

Registration Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

11 APR 14 AMIH 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. The name of a limited liability company is	REALTY, LLC	
2. The Articles of Organization were filed on	//2/2010 and assigned document r	number
3. The date the dissolution was approved: 4/	1/2011	
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	er letter).	n
The limited Irabili	Ty Company Was	
Company that	never organized	L.
All debts, obligations and liabilities of the line OR-OR-Adequate provision has been made for the decomposition of the line of the decomposition of the line of the decomposition of the line of the l		421. spective
signatures of the members having the same percentage of r	nembership interests necessary to approve the disso	olution:
(Signature)	Printed Name	- 0
X	DAVID W. BOW	
Lapri Boot	APRIL A. BRE	701