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(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: 5282 GALLEY WAY, 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 Cowklin (Name of Person)		
(Firm/Company) 364 OSPREY CIACLE (Address) SAINT MARYS 6A 31558 (City/State and ZipCode)		
For further information concerning this matter, please call: Robert Conklin at (912) 673 - 9678 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$25.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS:		

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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1. The name of a limited liability company is 5282 GALLEY W	AVILLC
2. The Articles of Organization were filed on 3 17 L 11 000 0 3 2 6 0 2.	and assigned document number
3. The date the dissolution was approved: 29	12
4. A description of occurrence that resulted in the limited lial 608,441, Florida Statutes, (copy 608,441 on back cover le	bility company's dissolution pursuant to section tter).
KENTAL PROPERTY SO	2CD
 6. All remaining property and assets have been distributed ar rights and interests. 7. CHECK ONE: There are no suits pending against the company in OR- 	obligations and liabilities pursuant to s. 608.4421. mong its members in accordance with their respective
Signatures of the members having the same percentage of memb	. ,
Signature	ROBERT CONRLIN