110005547

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		,		

Office Use Only



200281626082

02/16/16--01014--007 **25.00

FEB 1 6 2016 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Calusa/Ensign Properties 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:

Edward J. Volz, Jr.	
(Name of Person)	
	= A 5
(Firm/Company)	一 題 五
PO Box 1495	一
(Address)	P C
Fort Myers, Florida 33902	# # # # # # # # # # # # # # # # # # #
(City/State and Zip Code)	

For further information concerning this matter, please call:

Edward J. Volz, Jr. at (239) 850-4918 (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

1. The name of a limited liab Calusa/Ensign Properties LI			
2. The Articles of Organizat	ion were filed on 17 May 20	011	and assigned
document number L11000	0058547	_	
Note: If the date inserted in	ve date cannot be prior to or more	applicable statutory fil	iling: N/A date document is received for filing) ing requirements, this date will not
. A description of occurrence 605.0707, Florida Statutes	ce that resulted in the limite, (copy 605.0707 on back c	ed liability company over letter).	's dissolution pursuant to section
Sale of all properties and sto	pped doing business.		
			THE STATE OF THE S
			5 E
. If there are no members, e	enter the name and address Edward J. Volz,Jr.	of the person appoin	ted to wind up the company's
	PO Box 1495		
	Fort Myers, Florida 3390	2	
5. Signature of an authorized isted above to wind up the color.	I person or if there are no no mpany's activities and aff	nembers, the signaturalists:	re of the person appointed and
Epident 10	>h'	Edward J. Volz, Jr.	
i ajgnaturg	<i>- ,</i>	PIII	nted Name

FILING FEE: \$25.00