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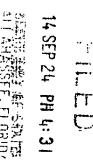
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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10/6/14

COVER LETTER

Ö Registration Section
Division of Corporations

SUBJECT: _ (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:

SHANEA FN KINS
(Firm/Company) HAR BOR (City/State and/Zip Code) (Addition) (Name of Person) 901 July 108 KERSHNER, CPA

For further information concerning this matter, please call:

SHANIEA ART HIR _ at ((Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

525.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Registration Section MAILING ADDRESS:

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

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STREET/COURIER ADDRESS:

Clifton Building Division of Corporations Registration Section Tallahassee, FL 32301 2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Signature Signature Signature Signature	6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:			If there are no members, enter the name and address of the person appointed to wind up the company's		Closure of the company	 A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back coxer letter) 	 The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) 	document number <u>L12 00001 6828</u>	2. The Articles of Organization were filed on $0263 1012$ and assigned	FINER GY RESIDENCES
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FILING FEE: \$25.00

14 SEP 24 PM 4:31

ALL AHMSSEE, FLORING