

L120000046206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

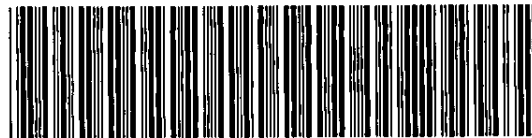
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 881494 7122203

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 12, 2013

ORDER TIME : 10:48 AM

ORDER NO. : 881494-005

CUSTOMER NO: 7122203

DOMESTIC FILINGS

NAME: STEELBRIDGE CONCORDE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2013 NOV 12 AM 10:48  
FALLAH ASSOCIATES, P.C.

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Steelbridge Concorde, LLC

2. The Articles of Organization were filed on 4/3/12 and assigned document number  
L12000046208

3. The date the dissolution was approved: 10/14/2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).  
The consent of all members of the limited liability company to said dissolution.

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective  
rights and interests.

7. CHECK ONE:

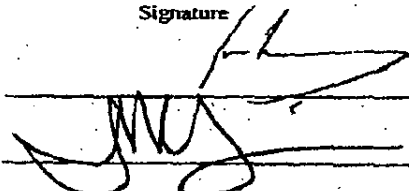
☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be  
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name

Gavin Campbell

Jay Caplin  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING FEE: \$25.00**