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2018 AUG 28 PM 1: 37 SEGRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

Hobe Sound Art Gallery, LLC

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:

(Name of Person) (Firm/Company) 500 Park Hills Drive (Address) Effingham, IL 62401 (City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Lumpp

(Name of Person)

(Area Code & Davtime 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 FIL.ED

1.	The name of a limited liability company is		2018 AUG 28 PM 1: 37	
	Hobe Sound Art Gallery, Lt	.C	SECRETARY OF STATE	
			TALLAHASSEE. FL	
2.	The Articles of Organization	n were filed on	and assigned	
	document number L120001	01325		
3.	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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not blisted as the document's effective date on the Department of State's records.			
4.	A description of occurrence 605,0707, Florida Statutes,	that resulted in the limited liability (copy 605.0707 on back cover letter	company's dissolution pursuant to section).	
	Retired and moved to the st	ate of Illinois.		
5.		ter the name and address of the pers Robert M. Lumpp	on appointed to wind up the company's	
	activities and affairs:			
		500 Park Hills Drive	· · · · · · · · · · · · · · · · · · ·	
		Effingham, IL 62401		
6. lis	Signature of an authorized ted above to wind up the content of the	person or if there are no members, the mpany's activities and affairs:	ne signature of the person appointed and	
	Mthat	Robert M		
	Signature	FILING FEE: \$25.0	Printed Name	