

L12000143739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

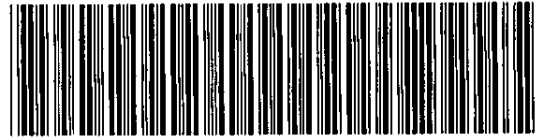
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/08/14--01036--008 **25.00

RECEIVED
DEPARTMENT OF STATE
14 DEC - 8 PM 1:47

FILED
14 DEC - 8 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BAYSIDE CLEARWATER U.S. PROPERTY LLC

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| | | L12000143739 |
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Thank you!

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|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

12/8/2014

ST

Order#: **9367306**
 Ref#: _____
 Amount: \$ _____

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

1. The name of a limited liability company is
BAYSIDE CLEARWATER U.S. PROPERTY LLC

2. The Articles of Organization were filed on NOVEMBER 13, 2012 and assigned
document number L12000143739

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)

4. 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 cover letter).
No longer engaged in business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: FRED TKALEC
4444 STE CATHERINE STREET WEST SUITE 100
WESTMOUNT, QUEBEC, CANADA H3Z 1R2

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:



Signature

JORDANA SAGER

Printed Name

FILING FEE: \$25.00

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11 DEC - 8 PM 4:50
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TALLAHASSEE, FLORIDA