L13000052375

(Requestor's Name)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
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PILED 2015 JAN 26 PH 3: 29 Secretary of State

COVER LETTER:

_	ion of Corporations					
F SU BJECT: _	PADDOCK STREET PROPERTIE	ES,LLC				
SOBJECT: _	(Name of Limit	ed Liability Company)				
The enclosed A	Articles of Dissolution and fee(s) are submit	ed for filing.				
	Il correspondence concerning this matter to					
	PLAFCHAN, THEODORE R					
	(Name of Person)					
(Firm/Company)						
3074 AVIAMAR CIRCLE						
	(Address)					
	NAPLES, FL 34114 (City/Sta	te and Zip Code)				
For further info	ormation concerning this matter, please call:					
TED PLAFCHAN		248 910-4185				
***************************************	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a cha	eck 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:	STREET/COURIER ADDRESS:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2015 JAN 26 PM 3: 25

1.	The name of a limited liabil PADDOCK STREET P	• • •		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2.	The Articles of Organization	were filed on 04/10/	2013	_ and assigned		
	document number L13000	052375	_			
3.	3. The delayed effective date the dissolution if not effective on the date of 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). BUSINESS NEVER IMPLIMENTED IN FLORIDA 					
			·	•		
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: TED PLAFCHAN						
		3074 AVIAMAR CIRCLE				
	NAPLES, FLORIDA 34114					
6. lis	Signature of an authorized p	erson or if there are no ipany's activities and a	members, the signature of ffairs:	of the person appointed and		
K	Klalevan	~	THEODORE R PL			
	Signature Printed Name FILING FEE: \$25.00					