## 113000053658

(Re	questor's Name)	
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## . COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: TRIDIUM PROPERTY & DEVELOP (Name of Limited Liability Company)	MENT							
(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:								
MARILYN SCHROFTER								
MARILYN SCHROETER (Name of Person)								
ZRIDIUM PROPERTY & DEVELOPMEN (Firm/Company)	עד							
1429 N. LAKE SHORE DRIVE (Address)								
SARASOTA, FLORIDA 34231 (City/State and Zip Code)								
For further information concerning this matter, please call:								
MARIAN SCHROFTER at (941.) 545 (Name of Person) (Area Code & Daytin	- 7777							
(Name of Person) (Area Code & Daytin	ne Telephone Number)							
Enclosed is a check for the following amount:  \$\sigma \setminus \	ionte of Dissolution &							
\$25.00 Filing Fee and Certificate of Dissolution  □ \$55.00 Filing Fee, Certificate Copy (addition)								
Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Buildir	rporations							

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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	מןטושו צו	PROPER	CIYE DEV	L'ELOPMENT, L	<u></u>	<u>_</u> ·
2. The A	rticles of Organiz	ation were filed	d on <i>APAIL 1</i>	<i> 2013</i> ar	nd assigned	
docun	nent number	1300005.	3658			
Note:	If the date inserted	l in this block do	ion if not effective of the prior to or more than the tes not meet the application the Department of Sta	on the date of filing: 90 days later than date docu able statutory filing requi te's records.	12.31-201 ment is received for filir frements, this date wil	l not be
4. A dese 605.07	cription of occurre '07, Florida Statut	ence that resultees, (copy 605.0	ed in the limited liab 1707 on back cover	oility company's dissoletter).	lution pursuant to se	ction
NO	LONGER	DOING	BUSINESS	DEVELOPEME	-NT	112 M 9: 15
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	re are no members	, enter the nam	e and address of the	person appointed to w	vind up the company	 /'s 
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6. Signat listed abo	ture of an authorize to when the	ed person or if	there are no member in the training training the training training the training trainin	ers, the signature of the	e person appointed a	ınd
not						
	X MILTO			MARILYA	SCHROE	Tel P
	Signatur	re V		Printed Na	me	
\ /	/レ		FILING FEE: \$	325.00		