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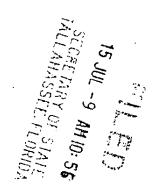
- ((Requestor's Name)			
((Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
	(Business Entity Name)	<u>-</u>		
(Document Number)				
Certified Copies	Certificates of 9	Status		
Special Instructions to Filing Officer:				

Office Use Only



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JUL 1 0 2015 J SHIVERS

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Flipping Tampa Bay LLC

(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:

Julia Price

(Name of Person)

Flipping Tampa Bay LLC

(Firm/Company)

11125 Park Blvd STE 354-104

(Address)

Seminole FI 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

cheryl Price

...774

253-7356

(Name of Person)

(Area Code & Daytime 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

1.	The name of a limited liabil Flipping Tampa Bay	ity company is		<u> </u>		
2.	The Articles of Organization	were filed on 04-22-2013	and assigned			
	document number L1300006	3992				
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 be listed as the document's effective date on the Department of State's records.					
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 dissolved					
5.	If there are no members, en	er the name and address of the Julia Price	person appointed to wind up the con	S. S. Copany J. C.		
		6243 hampton Dr		-9 A		
		Saint Petersburg FI	LORDA FORDA	110:56		
6. lis	Signature of an authorized pated above to wind up the cor	person or if there are no member inpany's activities and affairs:	ers, the signature of the person appoi	nted and		
	Signature	Julio Julio	Price			
	Signature	FILING FEE: S				