

L17 0000 94178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

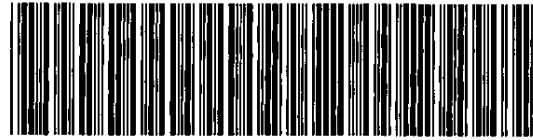
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/30/14--01008--025 \*\*25.00

14 JUN 30 PM 12:27  
STATE OF FLORIDA  
TALLAHASSEE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Island Plaza Holdings, 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:

Todd Burkett  
(Name of Person)

Leo Law Firm, LLC  
(Firm/Company)

200 Randolph Ave  
(Address)

Huntsville, AL 35801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Burkett at ( 256 ) 539-6000  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

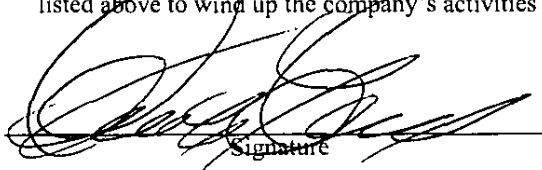
\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

**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 liability company is  
Island Plaza Holdings, LLC
  
2. The Articles of Organization were filed on 07/01/2013 and assigned  
document number L13000094178
  
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).  
Consent of all the members  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: (not applicable)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
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

Diane M. Hendricks  
Printed Name

**FILING FEE: \$25.00**

14 JUN 30 PM 12:07  
TALLAHASSEE, FLORIDA