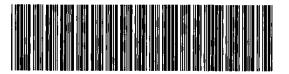
## L17000094178

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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## COVER LETTER

| Div            | vision of Corporations                           |                     |  |  |  |  |
|----------------|--|---------------------|--|--|--|--|
| SUBJECT:       | Island Plaza Holdings, LLC                       |                     |  |  |  |  |
|                |  | ed Liability Compan | у)   |  |  |  |
|                |  |                     |  |  |  |  |
| The enclosed   | d Articles of Dissolution and fee(s) are submitt | ed 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)            | <del></del>  |  |  |  |
|                | Huntsville, AL 35801                             |                     |  |  |  |  |
|                | (City/Stat                                       | te and Zip Code)    |  |  |  |  |
| For further in | nformation concerning this matter, please call:  |                     |  |  |  |  |
| To             | odd Burkett                                      | 256                 | <sup>539-6000</sup>  |  |  |  |
|                | (Name of Person)                                 | (Area Coo           | )<br>de & Daytime Telephone Number)                                |  |  |  |
| Enclosed is a  | check for the following amount:                  |                     |  |  |  |  |
| \$25           | .00 Filing Fee and Certificate of Dissolution    |                     | Fee, Certificate of Dissolution & py (additional copy is enclosed) |  |  |  |
|                | MAILING ADDRESS:                                 | STRE                | EET/COURIER ADDRESS:   |  |  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| document number L1300009  The delayed effective date the (effective date)                  | dissolution if not effective on the date of filing:   | s received for filing) |
|--|---|------------------------|
| A description of occurrence the 605.0707, Florida Statutes, (col Consent of all the member | at resulted in the limited liability company's dissolution by 605.0707 on back cover letter). | pursuant to section    |
|  |   |                        |
| •  | he name and address of the person appointed to wind u   | p the company's        |
| •  | he name and address of the person appointed to wind unot applicable)                          | p the company's        |
| activities and affairs: (r   | •   |                        |
| activities and affairs: (r   | ot applicable)  |                        |