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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

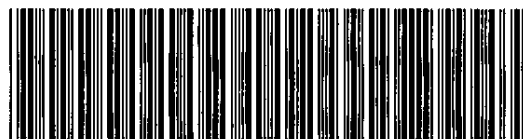
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TO: Registration Section
Division of Corporations

SUBJECT: Consolidated Properties of Reid Street, 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:

Joseph Siska

(Name of Person)

Port Consolidated, Inc.

(Firm/Company)

PO BOX 350430

(Address)

Fort Lauderdale, FL 33335

(City/State and Zip Code)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Joseph Siska

(Name of Person)

at (954) 377-1010
(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
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FILING FEE: \$25.00