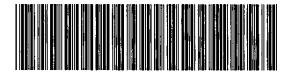
L13000121426

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

Office Use Only



100263388701

09/26/14--01013--006 **25.00

14 SEP 26 AH II: 28
SECRETARY OF STATE

OCT 2 2014

T. HAMPTON

COVER LETTER

TO:	Reg Divi	istration Section sion of Corporations					
SUBJE	CT:	Emerald Tree Development, LLC					
		(Name of Limited Liability Company)					
The end	losec	Articles of Dissolution and fee(s) are submitted	d for filing.				
Please	return	all correspondence concerning this matter to th	e following:				
		Karen J. Lapekas, Esq.					
(Name of Person)							
Lapekas Law, P.A.							
(Firm/Company)							
1 SE Third Ave. Suite 3000							
(Address)							
Miami, FL 33131							
(City/State and Zip Code)							
For fur	ther i	nformation concerning this matter, please call:					
Karen J. Lapekas			305 600-1485				
		(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	d is a	check for the following amount:					
✓ \$25.00 Filing Fee and Certificate of Dissolution			S55.00 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 limit Emerald Tree D	• •			
2. The Articles of Org	anization were file	ed on Aug. 27, 2013	and ass	igned
document number	_13000121426			
3. The delayed effecti	ve date the dissolu (effective date cannot	tion if not effective on the be prior to or more than 90 days	date of filing:	s received for filing)
		ted in the limited liability (0707 on back cover letter)	company's dissolution	pursuant to section
Written consent	of all of the mei	mbers of the LLC.		
5. If there are no men activities and affair		me and address of the person	on appointed to wind u	ip the company's
				<u> </u>
6. Signature of an aut listed above to wind u	horized person or p the company's a	if there are no members, the ctivities and affairs:	e signature of the pers	on appointed and
Your Ca	a ka	Karen J	. Lapekas	
Qis	nature	FILING FEE: \$25.00	Printed Name	14 S

4 SEP 26 AM II: 28
SECRETARY OF STATE
ALL AHASSEE, FLORIO