

L13000134879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

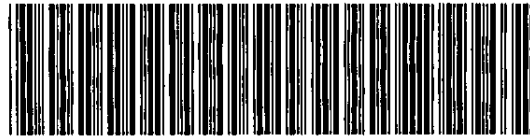
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2014 MAY -1 PM 3:00

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MAY 07 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pine Island Senior Housing 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:

Dave Edwards
(Name of Person)

Living Ventures, Inc.
(Firm/Company)

9681 Gladiolus Drive, Suite 211
(Address)

Fort Myers, FL 33908
(City/State and Zip Code)

For further information concerning this matter, please call:

Dave Edwards at (239) 437-0022
(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

2014 MAY - 1 PM 3:00
TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Pine Island Senior Housing LLC.

2. The Articles of Organization were filed on Sept. 24th, 2013 and assigned

document number L13 000134879

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).

Inactive Company

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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2014 MAY - 1 PM 3:00
CLERK OF COURT
HILLSBOROUGH COUNTY
FLORIDA

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]
Signature

Dave Edwards
Printed Name

FILING FEE: \$25.00