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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Living Ventures Consortium Group Two, 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 Edward 5 (Name of Person)
Living Ventures, Inc. (Firm/Company)
9681 Gladiolus Drive, suite 217
9681 Gladolus Drive, suite 211 Fort Myers, FL 33908 (City/State and Zip Code) For further information concerning this matter, please call:
(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 Conv (additional conv 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

	. The name of a limited liability					
	Livia	gVentures Co	insortium Group	Two, LLC.		
2.	Livin The Articles of Organization w	ere filed onOct	ober 1/4 2013 a	nd assigned		
	document number <u>L13 0</u>	00 143614	ua.			
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 605.0707, Florida Statutes, (cop	COE 0707 L l	1 . 44	lution pursuant to section		
		nactive Comp	Dany			
			/			
5 .	If there are no members, enter t	he name and address	of the person appointed to v	vind up the company's		
	activities and affairs:		_			
	_			1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
				gg R T		
		- , -		### 00		
6. lis	Signature of an authorized pers sted above to wind up the compa	on or if there are no n ny's activities and aff	nembers, the signature of the	e person appointed and		
2	Salm	N	F (. 10		
-	Signature		Dave Ed	wards		

FILING FEE: \$25.00