L13000152789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/13/14--01009--006 **25.00

J. Shivers JAN 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREASURE COAST SNOW BIRD Services, 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:

STEVEN DArgenio
(Name of Person)

(Firm/Company)

928 SW Grand Reserve Blvd.
(Address)

Port St. Lucie, Fl. 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN DArgenio at (703) 989-0140
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
   TREASURE COAST SNOW Bird Services, LLC

2. The Articles of Organization were filed on _____ and assigned document number L13000152789

3. The delayed effective date the dissolution if not effective on the date of filing: Immediate

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).
   Decided not to launch/open the business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
   STEVEN D'Argenio
   928 SW Grand Reserve Blvd
   Port St. Lucie, Fl. 34986

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	Printed Name
[signature]	STEVEN D'Argenio

FILING FEE: $25.00

14 JAN 13 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA