L14000007969

(Reque	stor's Name)
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E-Mail Address
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May 13, 2015

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Shelter US Holdings, LLC - Document number L14000007969

1417 SW 17th Street Ocala, FL 34471

To Whom It May Concern:

Enclosed for filing please find the Articles of Dissolution and the Notice of Limited Liability Company Dissolution for Shelter US Holdings, LLC, Document number L14000007969.

Please return all correspondence in this matter to the following:

J. Theodore Schatt, Esquire P.O. Box 4440 Ocala, FL 34478

For further information concerning this matter please call:

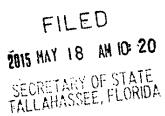
J. Theodore Schatt

(352) 789-6520

Very truly yours,

Theodore Schatt

JTS/lnw Enclosures



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company is Shelter US Holdings, LLC.
- 2. The Articles of Organization were filed on January 15, 2014 and assigned document number L14000007969.
- 3. The effective date of dissolution is the date this filing is received as is cannot be prior to that time.
- 4. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes:

Insufficient Capitalization

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

Herman Bodewes

6. Signature of an authorized person or if there are not members, the signature of the person appointed and listed above to wind up the company's activities and affairs.

1. PODEWES
Printed Name

NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This notice is submitted by the dissolved limited liability company names below for resolution of payment of unknown claims against this limited liability company as provided in FS §.605.0712.

Name of Limited Liability Company is Shelter US Holdings, LLC.

Document number is L14000007969.

Date of Dissolution was that date of filing the Article of Dissolution.

Description of information that must be included in a written claim:

Complete name, address, city, state, zip code, and telephone number.

The amount of the claim. If you are claiming interest, you must state that amount Briefly describe your claim.

If your claim is based on a written instrument (a note, check, or etc.) you must also supply a copy of these documents

Mailing address where claims can be sent:

J.Theodore Schatt, Esquire PO Box 4440 Ocala, FL 34478

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the person Filing

Signature of the Person Filing

- 1