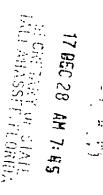
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COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT: 4300 SW 148 Th STREET, LLC (Name of Limited Liability Company)	
(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:	
Threffer . K. CLOOMBS	
(Name of Person)	
(ruance of resour)	
SKC PROPERTIES INC	
(Firm/Company)	
MAMI, FLORIDA 33/86 (Name of Person) OKC PROPERTIES, INC (Firm/Company) (Address) MAMI, FLORIDA 33/86 (City/State and Zip Code)	
(Address)	
MIAMI, FLORIDA 33/86	
(City/State and Zip Code)	
for further information concerning this matter, please call:	
(Name of Person) at (305) 353 - 56 (Area Code & Daytime Telephone	357
(Name of Person) (Area Code & Daytime Telephone	Number)
inclosed is a check for the following amount:	
r	1
\$25.00 Filing Fee and Certificate of Dissolution . \$\sigma\$ \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is en	
	,
MAILING ADDRESS: STREET/COURIER A	DDRFSS.
Registration Section Registration Section	DIMESO.
Division of Corporations Division of Corporations	:
P.O. Box 6327 Clifton Building	•
Tallahassee, FL 32314 2661 Executive Center C	lircle
,	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	oility company is	EET, L	ce	
2. The Articles of Organizati	ion were filed on	02/20/201	and ass	igned
document number	e the dissolution if not eve date cannot be prior to or this block does not meet	effective on the date more than 90 days later the applicable statutor	than date document is y filing requiremen	s received for filing) its, this date will not
A description of occurrence 605.0707, Florida Statutes. THE PROPE	, (copy 605.0707 on ba	ck cover letter).	•	pursuant to section
If there are no members, e activities and affairs:	nter the name and address	ess of the person app	pointed to wind u	p the company's
	9370 Si	FOR 101	(OURT 4 33/8	C
. Signature of an authorized sted above to wind up the co	person or if there are nompany's activities and	o members, the sign	ature of the perso	on appointed and
Signature	xel	DORGEN	Printed Name	Populas
, [5:5-:5-:4:0	FILING	G FEE: \$25.00	- Times (Valle	28 AM 7