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## **COVER LETTER**

SUBJECT: CIVCUS CITY Trailer Park 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:	
Irma Palacios (Name of Person)  Circus City Traily Para (Firm/Company)  2147 Wasatch Or (Address)	
Sarasota, FL 34235 (City/State and Zip Code)	
For further information concerning this matter, please call:    YMA PALACIOS   at 94   879	
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:**

TO:

Registration Section Division of Corporations

> 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 liabilit			
<u> Circus City</u>	Irailer Park, L	LC	<u> </u>
2. The Articles of Organization	were filed on2   25   2	014 and	assigned
document number <u>L14</u> C	00032748		
Note: If the date inserted in thi	e dissolution if not effective or ate cannot be prior to or more than 90 is block does not meet the applicative date on the Department of State	0 days later than date docume able statutory filing requires	
4. A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the limited liab	ility company's dissolut	ion pursuant to section
The real property	y that Circus C	ity Trailer R	urk operated
on was sold on	5/18/2017 the	refore dissol	vina
the trailer par	k business.		<del></del>
5. If there are no members, ente	r the name and address of the	person appointed to win	d up the company's
activities and affairs:			
		73 17 18	
	- · · · · · · · · · · · · · · · · · · ·		
<ol> <li>Signature of an authorized pe listed above to wind up the comp</li> </ol>	rson or if there are no member pany's activities and affairs:	rs, the signature of the po	erson appointed and
Jama P	alaxin 1	rma Palacio:	S
Nignature'	<b>~</b> ,	Printed Name	<b>5</b>

**FILING FEE: \$25.00**