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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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REFERENCE: 917839 7496912

AUTHORIZATION

COST LIMIT : U\$ 25.00

ORDER DATE: December 17, 2015

ORDER TIME : 8:30 AM

ORDER NO. : 917839-025

CUSTOMER NO: 7496912

## DOMESTIC FILINGS

NAME: GARDEN ISLES TAMPA APARTMENTS,

LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS:

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1.  | The name of a limited liabil Garden Isles Tampa Apartmen  |  |        |     |  |
|---|---|--|--------|-----|--|
| 2.  | The Articles of Organization  | n were filed on 3/24/2014 and assigned   |        |     |  |
|   | document number L1400004  | 8595   |        |     |  |
| 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)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |   |  |        |     |  |
| 4.  | <ol> <li>A description of occurrence that resulted in the limited liability company's dissolution pursuant to section<br/>605.0707, Florida Statutes, (copy 605.0707 on back cover letter).</li> <li>Property was sold</li> </ol> |  |        |     |  |
| ,   |   | •  |        |     |  |
|   |   |  |        |     |  |
| 5.  | If there are no members, ent  | er the name and address of the person appointed to wind up the company's                                   | ज      |     |  |
|   | activities and affairs:   | Rosemary Lemmis  |        | T"  |  |
|   |   | Davies Lemmis Raphaely Law Corporation   | . oo 1 |     |  |
|   |   | 5000 N. Parkway Calabasas #304   | きずる    | سنا |  |
|   |   | Calabasas, CA 91302  | 22     |     |  |
| 6.<br>list  | Signature of an authorized p  | erson or if there are no members, the signature of the person appointed and pany's activities and affairs: |        |     |  |
| /.  | o Shall   | Rosemary Lemmis  |        |     |  |
|   | Signature   | Printed Name   |        |     |  |
|   |   | FILING FEE: \$25.00  |        |     |  |