## L14000106130

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	idress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nai	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
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## COVER LETTER

тб:

Registration Section
Division of Corporations

SUBJECT:	DRMOND SEASIDE CONDOS	LLC		
	(Name of Li	mited Liability Compan	y)	_
The enclosed A	articles of Dissolution and fee(s) are sub	mitted for filing.		
Please return all	ll correspondence concerning this matter	to the following:		
	William Paterson111			
	0	Name of Person)		
		Firm/Company)		
	1517 Moravia Ave			
(Address)				
	Holly Hill Florida 32117			
	(City	/State and Zip Code)		
For further info	ormation concerning this matter, please of	eail:		
Willi	am Paterson	386	6778395	
	(Name of Person)	(Area Co	de & Daytime Telephone Number)	

MAILING ADDRESS:

Enclosed is a check for the following amount:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

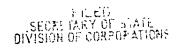
## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$55.00 Filing Fee, Certificate of Dissolution &

Certified Copy (additional copy is enclosed)

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is ORMOND SEASIDE CONDOS LLC	15 APR -3	AM	8: 29
^	The Articles of Organization were filed on JULY 3 2014 and assignment and assignment of the Articles and Articles	•	_•	
2.	document number L14000106130	gned		
•				
3.	The delayed effective date the dissolution if not effective on the date of filing: NA (effective date cannot be prior to or more than 90 days later than date document is	received for filing	5	
4.	A description of occurrence that resulted in the limited liability company's dissolution   605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	pursuant to sec	tion	
	Very difficult to obtain EIN # Not ready to go in business		<b>-</b>	
			-	
			-	
_			-	
5.	If there are no members, enter the name and address of the person appointed to wind up activities and affairs:		s -	
	1517 MONANA AVE	- <u> </u>	_	
	Holly HILL FL			
	32117		_	
6. lis	Signature of an authorized person or if there are no members, the signature of the person ted above to wind up the company's activities and affairs:	n appointed an	d	
	with Joh 11 William Parcason 11			
	William / Ascason 11. Signature William / Ascason 11.  Printed Name	<del></del>	-	

FILING FEE: \$25.00