L14000 120401

| (Re | equestor's Name) | |
|-------------------------|------------------------|--|
| - (Ac | ldress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (Ви | usiness Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |





600285691626

05/12/16--01007--016 **25.00



MAY 1 3 2016 J SHIVERS

COVER LETTER

| | O: Registration Section Division of Corporations | | |
|-----------|--|---|--|
| OUD IE | Reunion East SPE, LLC | | |
| SUBJEC | (Name of Limit | ed Liability Company) | |
| The encl | osed Articles of Dissolution and fee(s) are submit | ted for filing. | |
| Please re | eturn all correspondence concerning this matter to | the following: | |
| | Hannah Smith | | |
| | (Nar | ne of Person) | |
| | Governemental Management S | Services- Central Florida, LLC | |
| | (Fin | m/Company) | |
| | 135 West Central Blvd, Suite 3 | 20 | |
| | | Address) | |
| | Orlando, FL 32801 | | |
| | (City/Sta | ate and Zip Code) | |
| For furth | ner information concerning this matter, please call: | | |
| | Hannah Smith | 865 717-7700 ext 103 | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | |
| 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: Registration Section | STREET/COURIER ADDRESS: Registration Section | |
| | Division of Corporations | Division of Corporations | |
| | P.O. Box 6327 | Clifton Building | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is Reunion East SPE, LLC |
|-----------|--|
| 2. | The Articles of Organization were filed on and assigned and assigned |
| | document number |
| 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. | A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). The land owned by the SPE was sold. |
| | |
| | |
| | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's |
| | activities and affairs: |
| | |
| | |
| | |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: |
| | Dakkin Mossing |
| • | Signature Printed Name FILING FEE: \$25.00 |