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APR 19 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations

, Inshore Fishing Charters, 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:

Michelle Loring

(Name of Person)

Matthew A. Linde, P.A.

(Firm/Company)

12693 New Brittany Blvd.

(Address)

Fort Myers, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Loring

_{..}239 (939-

(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 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

2. The Articles of	Organization v	vere filed on July 11	, 2014	and as	ssigned
document numb	er <u>L140001204</u>	86			
Note: If the date	effective da e inserted in this	dissolution if not elecannot be prior to or reblock does not meet to date on the Departm	nore than 90 days late: he applicable statute	than date document ory filing requirement	is received for filing) ents, this date will no
1. A description of 605.0707, Florid	f occurrence th la Statutes, (co	at resulted in the lir py 605.0707 on bac	nited liability com k cover letter).	pany's dissolutio	n pursuant to secti
Consent of all men	mbers				
	·····				wang g
i. If there are no n	nembers, enter	the name and addre	ss of the person a	ppointed to wind	up the company's
i. If there are no n		the name and addre	ss of the person ap	ppointed to wind	up the company's
		the name and addre	ss of the person ap	ppointed to wind	SS.
		the name and addre	ss of the person ap	ppointed to wind	- سنڌ بري
		the name and addre	ss of the person a	ppointed to wind	SS.
		the name and addre	ss of the person ap	ppointed to wind	ARY OF STATE
		the name and addre	ss of the person ap	opointed to wind	ARY OF STATE

FILING FEE: \$25.00