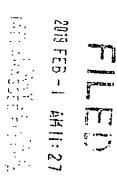
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

OLD DEAD EYE GOLF, L.L.C.

(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:

JAMES A. CARLETON (Name of Person) OLD DEAD EYE GOLF, L.L.C. (Firm/Company) P.O. BOX 446 (Address) SHARPES, FL 32959

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristy A. Mount

,, 52

267-5504

(Area Code & Daytime Telephone Number)

(Name of Person)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

•••

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

. The name of a limited li	ability company is	
OLD DEAD EYE GOLF,	L.L.C.	
The Articles of Organiz	ation were filed on September 23, 2014	and assigned
document number L1400	00149030	
(effer Note: If the date inserted	ate the dissolution if not effective on the date of fictive date cannot be prior to or more than 90 days later than a in this block does not meet the applicable statutory fil ffective date on the Department of State's records.	date document is received for filing)
. A description of occurre 605.0707, Florida Statut	ence that resulted in the limited liability companyes, (copy 605,0707 on back cover letter).	's dissolution pursuant to section
The purpose of the LLC ha	s been completed.	
. If there are no members, activities and affairs:	enter the name and address of the person appoint JAMES A. CARLETON	ted to wind up the company's
	P.O. Box 446	
	Sharpes, FL 32959	
. Signature of an authoriz isted above to wind up the	ed person or if there are no members, the signatur company's activities and affairs:	re of the person appointed and
Jacob Signatur	JAMES A. CARLET	ON, Manager + solemembe

FILING FEE: \$25.00