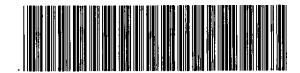
11400171969

(Req	uestor's Name)	
(Add	ress)	
(Address)		
(City	/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bus	iness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to F	illing Officer:	
File F		

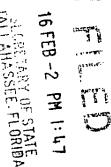
Office Use Only



900279847999 L14-171969

Vol Diss

02/12/16--01029--010 **25.00



FEB 3 - 2016 N. CAUSSEAUX

L14-171969

COVER L'ETTER

TO: Registration Section Division of Corporations

SUBJECT: MAKAI Thurst MENTS, 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:

Joh N PAUL Mici≥K (Name of Person)
INCEPTION ENTERPRISES, INC.
(Firm/Company) 1034 NE 45 Street
(Address)
(City/State and Zip Code) 23334

For further information concerning this matter, please call:

John Paul Mick at (702) 497-9722

(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

1.	The name of a limited liability company is
	MAKAI INNESTMENTS, LLC
2.	The Articles of Organization were filed on and assigned and assigned
	document number <u>L/4000 17/969</u>
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).
	Unnumous consult of municipers to disorphis Like 5
	(Se offschiel)
	SSR 2
	ORA F
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 ted above to wind up the company's activities and affairs:
115	N \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	John Paul Mick
	Signature Printed Name
	FILING FEE: \$25.00

WRITTEN CONSENT TO ACTION WITHOUT MEETING

NAME OF LLC: Makai Investments LLC

THE UNDERSIGNED HEREBY CONSENT(S) AS FOLLOWS:

The company has ceased operations for more than six months and no longer serves a business purpose. The company is dissolved effective December 24, 2015.

All LLC debts, obligations, and liabilities have been paid or discharged.

There is no remaining LLC property or assets to be distributed among the members in accordance with their respective rights and interests. There are no suits pending against the LLC in any court.

DATED: December 24, 2015	
SIGNATURE:	PRINTED NAME: <u>John-Paul Micek; MGR.</u>
SIGNATURE: Manhamul	PRINTED NAME: Preferred Trust Company LLC,
V - 170	Custodian, FBO Diane Bignaii
	<u> </u>
SIGNATURE:	PRINTED NAME:
SIGNATURE:	PRINTED NAME: