L15000175817

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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THE STARY OF STATE

COVER LETTER

| | gistration Section vision of Corporations | | | | | | |
|---|--|--|--|--|--|--|--|
| SUBJECT: | 30a. LLC | | | | | | |
| | | Liability Company) | | | | | |
| The analogo | d Articles of Dissolution and foots) are submitted | d for Glina | | | | | |
| | | (City/State and Zip Code) | | | | | |
| ricase return | ran correspondence concerning this matter to in | e following. | | | | | |
| | Pike Hall IV | | | | | | |
| (Name of Person) | | | | | | | |
| | 30a LLC | | | | | | |
| | (Firm/Company) | | | | | | |
| | PO Box 3495 | | | | | | |
| | · | ldress) | | | | | |
| | | te Vedra Beach, FL 32004 | | | | | |
| | (City/State | and Zip Code) | | | | | |
| For further in | nformation concerning this matter, please call: | | | | | | |
| Pike Hall IV | | | | | | | |
| | (Name of Person) | at ()(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) | | | | | |
| Rep Div P.C | iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 6. ab | Signature of an authorized bove to wind up the company The House Signature | person or if there y's activities and | e are no members, the sign affairs: Pike Hall IV | nature of the person a | appointed and lise SECRETARY OF STATE | | | |
|----------|---|--|--|------------------------|---------------------------------------|--|--|--|
| 5. 1b | Signature of an authorized ove to wind up the company | person or if there y's activities and | affairs: | | _ | | | |
| | | | | | | | | |
| | | Ponte Vedra Bo | each, FL 32004 | | | | | |
| | | PO BOX 3495 | | | | | | |
| 5. | If there are no members, enactivities and affairs: | nter the name and Pike Hall IV | d address of the person app | pointed to wind up th | ne company's | | | |
| | | | | | | | | |
| | All units sold and constructio | n completed. This | company has no more prope | rty to develop. | | | | |
| 1. | A description of occurrence 605.0707, Florida Statutes, | te that resulted in (copy 605.0707 | the limited liability comp on back cover letter). | any's dissolution pu | rsuant to section | | | |
| 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 listed as the document's effective date on the Department of State's records. | | | | | | | |
| | document number L15000 | 175817 | | | | | | |
| | The Articles of Organizati | on were filed on | 10/15/2015 | and assign | ied | | | |
| 2. | | | | | | | | |