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SECRETARY OF STATE
ALLAWASSEE EL COMPA

K. SALY FEB 2 6 2018

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBTECT

MASLETT, 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:

## **CATHY WENDLING**

(Name of Person)

### EASTHAM LAW OFFICES

(Firm/Company)

#### 138 WEST PALMETTO PARK RD.

(Address)

# **BOCA RATON, FLORIDA 33432**

(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy Wendling

561

395-6800

(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

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18 FEB 26 PM 4: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.	The name of a limited liability MASLETT, LLC	y company is		SECRETARY OF ST TALL AHASSEE, FLO		
2.	The Articles of Organization	were filed on $\frac{1/26/2}{2}$	2017			
	document number L170000200	546				
3.	(effective da Note: If the date inserted in this	ne dissolution if not effective on the date of filing:  date cannot be prior to or more than 90 days later than date document is received for filing)  nis block does not meet the applicable statutory filing requirements, this date will not be  ive date on the Department of State's records.				
4.	A description of occurrence the 605.0707, Florida Statutes, (co	nat resulted in the li opy 605.0707 on ba	imited liability company ck cover letter).	y's dissolution pursuant to section		
	COMPANY RESOLUTION & C	CONSENT OF ALL I	MEMBERS	,		
5.	If there are no members, enter activities and affairs:	the name and addr	ess of the person appoi	nted to wind up the company's		
			·			
6. lis	Signature of an authorized per ted above to wind up the comp	rson or if there are cany's activities and	no members, the signatu I affairs:	are of the person appointed and		
_ <			STEPHEN SUMMA	4S		
Signature		Pr	Printed Name			