

L18000187991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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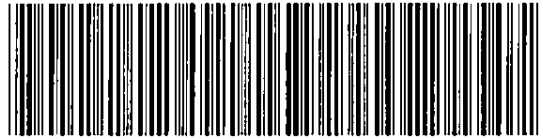
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## LAW OFFICES OF SHERRIE A. SMITH, PLLC

1003 K STREET, N.W.  
SUITE 805  
WASHINGTON, D.C. 20001

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WWW.SHERRIESMITHLAW.COM

\*ADMITTED IN DC & NJ

OF COUNSEL

MD FEDERAL PRACTICE

KIMBERLY TAYLOR LOGAN, MD, DC, PA

November 13, 2024

Division of Corporations  
P.O. Box 327  
Tallahassee, FL 32314

***Re: Case: The Estate of KC Brodie aka Karen C. Brodie- 2023 ADM 00967  
Company Name: Hibiscus Beach Paradise LLC  
Document No: L18000287991***

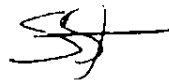
Dear Sir/Madam:

Enclosed please find Articles of Dissolution for the Hibiscus Beach Paradise LLC along with a check in the amount of \$25.00, filing fee. Please note that the sole member, Karene C. Brodie passed away on April 21, 2023 and that I have been appointed as Personal Representative in the above matter. I have enclosed a copy of the Death Certificate and my Letters of Administration.

Please forward all future correspondence regarding the LLC and Ms. Brodie to:

Estate of Karene C. Brodie  
c/o Sherrie A. Smith, Personal Rep  
Law Office of Sherrie A. Smith, PLLC  
1003 K Street, NW, Ste 805  
Washington, DC 20001

Regards,



Sherrie A. Smith, Esq.

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hibiscus Beach Paradise 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:

Sherrie A. Smith, Personal Representative

\_\_\_\_\_  
(Name of Person)

Law Offices of Sherrie A. Smith, PLLC

\_\_\_\_\_  
(Firm/Company)

1003 K Street, NW, Suite 805

\_\_\_\_\_  
(Address)

Washington, DC 20001

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sherrie Smith, Esq.,

\_\_\_\_\_  
(Name of Person)

at (202) 347-5991

\_\_\_\_\_  
(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 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**

1. The name of a limited liability company is

Hibiscus Beach Paradise LLC

2. The Articles of Organization were filed on Aug 6, 2018 and assigned

document number L18000187991

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).

The sole member is deceased thus the company has no member for more than 90 consecutive days

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Sherrie A. Smith, Personal Representative, Estate of Karene C. Brodie

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Sherrie A. Smith

Printed Name

**FILING FEE: \$25.00**

# CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

## STATE OF MARYLAND

Maryland Department of Health

Division of Vital Records

Certificate of Death

File Number 32023MD015664

1. Decedent's Name, AKA Name (if any) KARENE C BRODIE				2. Date of Death 04/21/2023		3. Time of Death 0722	
4a. Facility Name CASEY HOUSE- MONTGOMERY HOSPICE				4b. City, Town or Location of Death ROCKVILLE		4c. County of Death MONTGOMERY	
5. Social Security Number 577864245		6. Sex F	7. Age 50 YR	8. Date of Birth 11/28/1972		9. Birthplace DISTRICT OF COLUMBIA	
10a. State DISTRICT OF COLUMBIA		10b. County		10c. City, Town or Location WASHINGTON		10d. Inside City Limits? NO	
10e. Address 5741 13TH ST NW						10f. Zip Code 20011	
11. Marital Status DIVORCED (AND NOT REMARRIED)		12. Ever in U.S. Armed Forces? NO		13. Hispanic Origin? NO		14. Race BLACK	
15. Decedent's Education MASTERS		15a. Decedent's Usual Occupation REGIONAL EXECUTIVE DIRECTOR				15b. Business/Industry EDUCATION	
17. Father's Name DONALD BRODIE				18. Mother's Name Prior to First Marriage LORNA DIXON			
19. Surviving Spouse's Name							
20a. Informant's Name LORNA DIXON		20b. Informant's Relationship MOTHER		20c. Informant's Mailing Address 14917 BROWNSTONE DRIVE, BURTONSVILLE, MARYLAND 20866			
21a. Method of Disposition CREMATION		21b. Place of Disposition FINAL JOURNEY CREMATORY		21c. Date of Disposition 04/22/2023		21d. Location 519 MABE DRIVE, WOODBINE, MARYLAND 21797	
22a. Signature of Funeral Service Licensee GEORGE R SNOWDEN, JR		22b. License No. M01006		22c. Name and Address of Funeral Facility SNOWDEN FUNERAL HOME PA 246 N WASHINGTON ST, ROCKVILLE, MD 20850			
23a. Part I: Disease, injuries, or complications that directly caused the death METASTATIC OVARIAN CANCER						Approximate Interval Between Onset and Death MONTHS	
Immediate Cause (final disease or condition resulting in death) Due to (or as a consequence of):							
Conditions, if any, leading to immediate cause Due to (or as a consequence of):							
Due to (or as a consequence of):							
Due to (or as a consequence of):							
Part II: Other significant conditions contributing to death but not resulting in the underlying cause in Part I PARTIAL SMALL BOWEL OBSTRUCTION, ANEMIA						23b. Did tobacco use contribute to the cause of death? NO	
24a. Was an autopsy performed? NO		24b. Were autopsy findings available prior to completion of cause of death? NO		24c. Was case referred to medical examiner? NO		24d. Medical Examiner Counter Signature	
25. Place of Death HOSPICE		27. Manner of Death NATURAL		26a. Date of Injury		26b. Time of Injury	
28c. How injury occurred				28d. Injury at work?		28e. Transportation Injury?	
28f. Place of injury							
29g. Location of injury							
29a. Certifier Type CERTIFYING PHYSICIAN		29b. Signature and Title of Certifier BINDU JOSEPH MD		29c. License No. D0060634		29d. Date signed 04/21/2023	
30a. Name of person who completed cause of death BINDU C JOSEPH		30b. Address of person who completed cause of death 6001 MUNCASTER MILL ROAD, ROCKVILLE, MARYLAND 20855					
For Office Use Only:							



Superior Court of the District of Columbia  
Probate Division  
515 5<sup>th</sup> Street, NW, 3<sup>rd</sup> Floor, Washington, D.C. 20001  
202-879-9460 - <https://www.dccourts.gov>

Administration Number: 2023-ADM-000967

LETTERS OF ADMINISTRATION

To all persons who may be interested in the Estate of

KC BRODIE aka KARENE C. BRODIE, deceased:

Administration of the Estate of the deceased has been granted on 08/23/2023

to SHERRIE A. SMITH, Personal Representative

(and the will of the deceased was probated on 08/23/2023 ).

the administration ☐ is ☒ is not subject to the continuing supervision of the Court

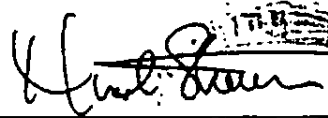

The powers of the personal representative ☒ are not limited ☐ are limited as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The appointment is in full force and effect as of this date.

WITNESS:

DATE: 8/24/2023

  
\_\_\_\_\_  
Register of Wills  
Clerk of the Probate Division  


NOTE: Document Invalid Without Embossed Court Seal