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(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

TO:	Registration Section Division of Corporations			
SURI	RECOVERY BAY, LLC			
SUBJECT: (Name of Limited Liability Company)				
	nclosed Articles of Dissolution and fee(s) are submeter	•		
	ANN BLACK			
	4)	Same of Person)		
	SMITH, THOMPSON, SHAW, ET AL.			
	(Firm/Company)			
	3520 THOMASVILLE ROAD, 4TH FLOOR			
	(Address)			
	TALLAHASSEE, FL 32309	TALLAHASSEE, FL 32309		
	(City/s	State and Zip Code)		
For fu	ther information concerning this matter, please ca	all:		
	ANN BLACK	850 893-4105		
	(Name of Person)	at () (Area Code & Daytime Telephone Number)		
Enclose	rd is a check for the following amount:			
į	S25.00 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

l.	The name of a limited liability company is
	Recovery Bay, che
2.	The Articles of Organization were filed on A-5-3+ 7, 2017 and assigned
	document number _ L 18000 188 78 1
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).
	A vote by a supermajority to dissolve
	the company pursuant to the operation
	agreement. Sec Attached.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	<u></u>
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
<u></u>	
2_	Signature David Minacci attorny for
	h . h .
	FILING FEE: \$25.00

CORPORATE RESOLUTION OF RECOVERY BAY, LLC TO DISSOLVE THE COMPANY

The undersigned, being the Supermajority of Members of Recovery Bay, LLC, a Florida Limited Diability Company, do hereby certify their intent to dissolve the Company.

RESOLVED, that pursuant to VIII 7(d) of the Operating Agreement of Recovery Bay, LLC, which states the Company is dissolved and is to be wound up upon the written agreement of the Members owning a Supermajority; that it is the intent of those Members whose signatures are below to dissolve Recovery Bay, LLC.

Dated this - day of October 2019.

Markus Bishop, as a 25% interest holder in Centers for Sober Living, U.L.C. which is a 100% interest holder in Remedy Cove; LLC, a Dolaware Einsted Liability Company which is a 100% in Recovery Bay, LLC, a Florida Limited Liability Company

Amy Cooper, as a 25% interest holder. In Centers for Soler Living, LLC which is a 100% interest holder in Remedy Coye, LLC, a Doluvare Limited Liability Company which is a 100% in Recovery Bay, ELC; a Florida Limited Liability Company

John Copelphy, as a 25% interest holder. In Comels for Solver Living, LLC: which is a 100% interest holder in Remedy Cove, LEC, a Delaware Limited Liability Company which is a 100% in Recovery Bay, LLC; a Florida Limited Liability Company

Graig Prus; as a 25% interest holder in Centers for Sober Living, LLC which is a 100% interest holder in Remedy Cover LLC, a Delayare Limited Liability Company which is a 100% in Recovery Bay, LLC, a Florida Limited Liability Company.