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COVER LETTER

TO:

Registration Section

Division of Corporations .						
SUBJECT:	PALM STREET MADEIRA, LLC					
501011011	(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:						
	DANIELLE PEYNADO					
	(Name of Person)					
	BRICK BUSINESS LAW, P.A.					
	(Firm/Company)					
	3413 W FLETCHER AVE					
	(Address)					
	TAMPA, FLORIDA 33618					
(City/State and Zip Code)						
For further in	nformation concerning this matter, please call:					
DA	NIELLE PEYNADO	813 816-1816 at ()				
	(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 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 PALM STREET MADEIRA, LLC
2.	The Articles of Organization were filed on and assigned and assigned
	ocument number
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.	description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	pon The Occurrence Of An Event Described In s.605.0701(2), The Consent Of All Members.
	pon The Occurrence Of An Event Described In s.605.0701(2), The Consent Of All Members.
5.	there are no members, enter the name and address of the person appointed to wind up the spinpants ctivities and affairs:
6. at	signature of an authorized person or if there are no members, the signature of the person appointed and listed we to wind up the company's activities and affairs:
	MARK JACOBY
_	Signature Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:		
Document number of Limited Liability Company is:		
Date of dissolution was:		
Description of information that must be included in a written claim:		
DATE OF EVENT, NAME OF PARTIES, AMOUNT OF CLAIM; DESCRIPTION OF CLAIM		~3
CONTACT TELEPHONE NUMBER AND EMAIL ADDRESS		1022 J
ALL SUPPORTING DOCUMENTS FOR THE CLAIM	CIVI	Z .
	338 (9)	<u>7</u>
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	野市	2
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporate	tions)	
PALM STREET MADEIRA, LLC		
C/O KEVIN BRICK, ESQ.		
BRICK BUSINESS LAW, P.A.		
3413 W FLETCHER AVE, TAMPA FLORIDA 33618		
A claim against the above named limited liability company will be barred unless a proceeding claim is commenced within 4 years after the filing of this notice.	g to enf	orce the
MARK JACOBY		
Printed Name of the Person Filing Signature of the Person F	iling	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00