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SECRETARY OF STATE

N. Gulligan MAY 2 3 2014

COVER-LETTER

SUBJECT: ₋	(Name of Lin	nited Liability Compa	ny)
The enclosed	Articles of Dissolution and fee(s) are subm	nitted for filing.	
Please return	all correspondence concerning this matter	to the following:	
	ALEX ORTIZ, CPA		
	. (N	lame of Person)	· · · · · · · · · · · · · · · · · · ·
	SUAREZ, ORTIZ & VEGA, C	PA'S, PL	
	(F	Firm/Company)	
	354 SEVILLA AVE		
	 	(Address)	
	CORAL GABLES, FL 33134		
	(City/	State and Zip Code)	
For further in	formation concerning this matter, please ca	all:	
AL	EX ORTIZ	305	448-5255
	(Name of Person)		ode & Daytime Telephone Number)

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

Certified Copy (additional copy is enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2014

ALEX ORTIZ, CPA SUAREZ, ORTIZ & VEGA, CPAS PL 354 SEVILLA AVE CORAL GABLES, FL 33134

SUBJECT: CLARIDGE MANAGEMENT LC

Ref. Number: L98000000270

We have received your document for CLARIDGE MANAGEMENT LC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Dissolution was received on 05/08/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 314A00010366

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2014 MAY 23 PM 12: 45

	2014 IIA 20 III
1. The name of a limited liability company is	SECRETARY OF STAT
CLARIDGE MANAGEMENT LC	TALLAHASSEE, FLORI
2. The Articles of Organization were filed on 03/03/1998	and assistant
-	and assigned
document number L9800000270	
3. The delayed effective date the dissolution if not effective on the date cannot be prior to or more than 90 days late.	te of filing: 05/30/2014 er than date document is received for filing)
 A description of occurrence that resulted in the limited liability con 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). 	npany's dissolution pursuant to section
(c) upon the written consent of all the members of the lir	nited liability company.
5. If there are no members, enter the name and address of the person	onnointed to wind up the company's
5. If there are no members, enter the name and address of the person	appointed to wind up the company's
activities and affairs:	
6. Signature of an authorized person or if there are no members, the slisted above to wind up the company's activities and affairs:	ignature of the person appointed and
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6. Signature of an authorized person or if there are no members, the slisted above to wind up the company's activities and affairs:	ignature of the person appointed and WEL SABIDO Printed Name

FILING FEE: \$25.00