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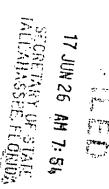
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JUN 2 9 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Retsyo's Gold Mine, L.C. (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:					
Rose Drye (Name of Person)					
Retsyo's Gold Mine L.C. (Firm/Company)					
564 West Pine Ave.					
St. George Island, FL 32328 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Rose Drye (Name of Person) at (850) 899-1385 (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

1. The na	ame of a limited liabi	lity company is			
	letsyo's G	old Mine, I	C.	w	•
2. The A	rticles of Organization	on were filed on <u>De</u>	cember 10, 19	99 and assigned	
docum	nent number <u>L9</u>	900000 86	<u>84</u>		
Note:	effective (effective) If the date inserted in		ore than 90 days later than d ne applicable statutory fili	ling: late document is received for fili ng requirements, this date wi	
4. A deso 605.07	cription of occurrenc 107, Florida Statutes,	e that resulted in the lim (copy 605.0707 on back	ited liability company' cover letter).	s dissolution pursuant to s	ection
	Written (consent to	the Disso	dution of	
	Retsyo's	Gold Mine	, LC sign	ed by all	
	member	s, and as	sets were	distribute	·d
	evenly +	the men	bers, in 1	April 2017	
5. If there	e are no members, en	ter the name and addres	s of the person appoint	ed to wind up the compan	7 7 <u>4</u>
activit	ies and affairs:			50	
		Rose Dry	1e		
		564 We	st Pine Av	le.	<u>ن</u> د
		St. Geo	orge Islan	d, FL 32321	<u>F</u>
6. Signat listed abo	ture of an authorized ove to wind up the co	person or if there are no mpany's activities and a	members, the signature	e of the person appointed	and
L	D Se Dry	Q	Rose Dry	led Name	

FILING FEE: \$25.00