Chancellor Beacon Requester's Name 2000 Marie Control	Academies	
Connt Grove 71. City/State/Zip Phone	.202 33133 **	4000080479542 -09/26/0201031002 *****75.00 *****25.00
10000000000000000000000000000000000000	UMENTUNUMBER(S), f	Office Use Only
1. CA LAC COUNTY (Corporation Name) 2. (Corporation Name)	(Document #)	26 A B B B B B B B B B B B B B B B B B B
Corporation Name)	(Document #)	8
4. (Corporation Name)	(Document #)	. **
☐ Walk in ☐ Pick up time		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	☐ Certificate of Status
NEW FILINGS Profit Not for Profit		.A., Officer/Director
Limited Liability Domestication Other	Change of Regist Dissolution/With Merger	drawal
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partnersl	hip
	Reinstatement Trademark Other	9/27 W8/

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	CA Lake County LLC
	npany's dissolution is <u>upon date of filing</u> . d in the limited liability company's dissolution pursuant to 608.441 on back of cover letter).
CA La Lake County LLC is being dissolved a	as per the written consent of the sole member of the
limited liability company.	
 OR- Adequate provision has been made for the orange of the desire of the desi	satisfaction of any judgment, order or decree, which may
Signatures of the members having the same pedissolution:	ercentage of membership interests necessary to approve the
Signature	Typed or Printed name Octavio J. Visiedo Kevin R. Hall Alan T. Olkes
401 - 34 TES 979 W 5-700 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	

Filing Fee: \$25.00