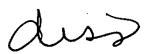
Pa200131951

(Re	equestor's Name)	
. (Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	•
		:

Office Use Only



400157835624



06/30/09--01018--001 **25.00

09/15/09--01022--024 **10.00

2009 SEP 15 PH 4: 33
SECRETARY OF STATE
ALLAHASSEE.FLORID.

400789, 06342, 00671





July 7, 2009

Clifford Preminger T-Rex Florida Management 5000 T-Rex Avenue, Suite 160 Boca Raton, FL 33431

SUBJECT: T-REX BOCA OWNERS CORP.

Ref. Number: P02000131951

We have received your document for T-REX BOCA OWNERS CORP. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6907.

Letter Number: 909A00023216

Annette Ramsey Regulatory Specialist II

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: T-REX BOCA OWNERS	CORP.
Bebote 11	imited Liability Company)
The enclosed Articles of Dissolution and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Oliffe all Danamin and	
Clifford Preminger	(Name of Person)
T-Rex Florida Manager	
	(Firm/Company)
5000 T-Rex Avenue, S	
	(Address)
Boca Raton. FL 33431	
(Ciņ	y/State and Zip Code)
For further information concerning this matter, please	call:
Alba Maya	_{at (} 561) 989-2411
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Section Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301



September 11, 2009

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

T-REX BOCA OWNERS CORP.

P02000131951

Dear Sir, Madam:

Please process the Articles of Dissolution for the entity above-noted, since no more business being conducted by this entity. Please find attach a copy of the check that was sent to your office before for \$25.00, also we are sending a check for \$10.00 to complete the fee.

If you have any question please do not hesitate to contact me at 561-989-2411.

Sincerely,

Alba Maya T-Rex Investment Management 5000 T-Rex Avenue, Suite 160 Boca Raton, FL 33431 amaya@trexcapital.com

M COMMINITY END MASS

SECRETARY OF STATE

T-REX Florida Management LLC

ARTICLES OF DISSOLUTION

FILED

Pursuant to	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles 3
of dissoluti	SECRETARY OF STATE TALLAHASSEE. FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	T-REX BOCA OWNERS CORP.
SECOND:	The document number of the corporation (if known): P02000131951
THIRD:	The date dissolution was authorized: 12/31/08
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
:	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
:	The number of votes cast for dissolution was sufficient for approval by
;	(voting group)
:	
	Signature:
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	CLIFFORD PREMINGER
,	(Typed or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35