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(Re	equestor's Name)	
(Āc	ldress)	
(Ād	ldress)	
(Ĉil	ty/State/Zip/Phone	#)
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TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: The Arbo	rs, LLC		
	(Name of L	imited Liability Company)	
The enclosed Articles o	f Dissolution and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
De	ebbie Lee		
<u>-</u>		(Name of Person)	
William E. \	Nyrough, Jr., Attorney at Law	v .	
		(Firm/Company)	
12671	U.S. Hwy 98 E., Suite 217-1		3/2 95
		(Address)	05 APR 29
Dest	in FL 32550		·*, ••.
	(Cit	y/State and Zip Code)	
			ENTITE STATE
For further information	concerning this matter, please of	eall:	Dw. a
Debbie Lee		at (850) 650-77	97
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis	EET ADDRESS: stration Section ion of Corporations	MAILING ADDR Registration Section Division of Corpora	n
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32399

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ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

Filing Fee: \$25.00