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Special Instructions to Filing Officer:





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04/08/08--01024--003 ++25.00



M. Thomas APR 0 9 2008

COVER LETTER

Registration Section Division of Corporations
SUBJECT: SPH Q UC (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:
CUAS L. Farber (Name of Person) SPH9, UC. (Firm/Company) 991 C Lamas Santa Fe #441 (Address) Solana Beach (A 92075
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (760) 183-3333 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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

The name of a limited liability company is	SPH 9	LLC		
2. The Articles of Organization were filed on	5/26,	<i>lU</i> San	d assigned docur	nent numbei
3. The date the dissolution was approved:	12/0-	1		
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on 1	he limited liability of back cover letter). IA OF PR	company's dissolu PUN	tion pursuant to	section
	·	· ()	THE SEE	8 5
			E	
5. CHECK ONE:			A	馬克
Adequate provision has been made f 6. All remaining property and assets have been rights and interests. 7. CHECK ONE: There are no suits pending against the OR- Adequate provision has been made f entered against it in any pending suit	distributed among in any of the satisfaction of	its members in acc	ordance with the	ir respective
Signatures of the members having the same percen	tage of membership	interests necessar	ry to approve the	dissolution:
Signature		Pri	nted Name	
Min My	_	CUA	is L. Fart	Xr
	_			
	_			
	_			