(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filling Officer:			

L. SELLERS

JUL 28 2010

EXAMINER

Office Use Only



700183434117

07/22/10--01015--011 **25.00

July 18, 2010

Re: Dissolution of Lifeblood Systems LLC - Doc# L09000032565

Florida Department of State,

Please dissolve my LLC, per the attached forms I submitted. I have no Intentions of ever using this LLC again.

Thank You,

Monte Stimmel

8009 Rural Retreat Court

Orlando, FL 32819

407-970-6975

COVER LETTER

TO: Registration Division of	n Section Corporations
SUBJECT:	Lifeblood SYSTEMS LLC
	(Name of Limited Liability Company)
The enclosed Article	es of Dissolution and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Monte StimmeL (Name of Person)
	(Name of Person)
	LifeBlood SYSTEMS LLC. (Firm/Company) 8 009 Ryral Retreat Court (Address)
	(Firm/Company)
	8 009 Ryral Retreat Court
	ORLANDO FL 37819 (City/State and Zin Code)
 -	(City/State and Zip Code)
For further informat	ion concerning this matter, please call:
_B	(Name of Person) at (407) 352-1334 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Englosed is a check fo	r the following amount:
\$25.00 Filing Fee	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 name of a limited liability company is Life Blood Sustans LL	
2. The Articles of Organization were filed on	3/2009 and assigned document number
3. The date the dissolution was approved:	7, 2010
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover	
me to have this LLC.	direction, No longer regulos
5. CHECK ONE:	
-OR-	ed liability company have been paid or discharged. s, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distributed rights and interests. 	among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company -OR-Adequate provision has been made for the satis entered against it in any pending suit.	faction of any judgment, order or decree which may be
Signatures of the members having the same percentage of me	mbership interests necessary to approve the dissolution:
Signature	Printed Name
Monte Stimmel	Monte StimmeL
Banne Stimmer	Bonne Shimmer
	ASS
	F R
EH INC E	EE: \$25.00