129 0000+8+63

(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 Filing Officer:		

G. MCLEOD AUG 1/7 2010

EXAMINER



600184202856

08/16/10--01020--020 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: McKinley Hudson, LLC		
	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:	
Allison Hiatt		
(Name of Person)		
(Firm/Company)		
1219 N Westmoreland Dr		
	(Address)	
Orlando, FL 32804		
(Ciņ	y/State and Zip Code)	
For further information concerning this matter, please	call:	
Allison Hiatt	at (407) 493-7125	
(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) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

10 AUG 16 AM 1:27

1. The name of a limited liability company is McKinley Hudson, LLC	SECHETARY OF SECTIONAL
2. The Articles of Organization were filed on May 1 L09000048463	9, 2009 and assigned document number
3. The date the dissolution was approved: 04/01/20	10
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov. Not able to continue business.	
5. CHECK ONE:	
OR- Adequate provision has been made for the de	mited liability company have been paid or discharged.
rights and interests.	ted among its members in accordance with their respective
7. CHECK ONE: There are no suits pending against the compa	any in any court.
OR- Adequate provision has been made for the sa entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of r	membership interests necessary to approve the dissolution:
Signature	Printed Name
A	Allison Hiatt

FILING FEE: \$25.00