LD10000 15303

| The state of the s |
|--|
| (Requestors Name) |
| |
| (Address) |
| |
| (Address) |
| (rideroda) |
| (CityliChata (Zin li)kana 48 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| · · · · · · · · · · · · · · · · · · · |
| |
| Special Instructions to Filing Officer; |
| |
| |
| |
| |
| 1 1 1 |
| MCD ARM (SI) ISING |
| 789,707,671 1900 |
| Office Use Only |
| · Char |



900025485369

12/16/03 --01027--017 **43.75

04 JAN -5 PM 6: 18

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Florida 32314

| SUBJECT: Articles of Dissol | ution | | | | |
|---|--|--|---|----------|----------------|
| DOCUMENT NUMBER:L010000 The enclosed Articles of Dissolution and for | | filing | · | - | |
| | | _ | | | |
| Please return all correspondence concerning | g this matter to the f | following: | | | |
| | | | M | _ | |
| | Ayerber | · | | ſ, Į | |
| (Name of I | Person) | | <u> </u> | 2 | 1 |
| C & M Can | ndies, L.L.C. | | £ 1.3 × | JAN -5 F | SAMES SAMES |
| (Name of | Firm/Company) | | | P¥ 6: | |
| 3920 NW 19 |)th St | | ≥: | 8 | |
| | (Address) | | 4.2 | | |
| Gainesvill | le, FL 32605 | | | | |
| (City/S | State/and Zip Code) | ······································ | | | |
| For further information concerning this mat | tter, please call: | | | | |
| Marie S. Ayerbe (Name of Person) | at (<u>352</u> |) <u>335–3684</u> & Daytime Tel | lenhone | Num | _ her) |
| (Tunio of Forbott) | (11100 0000 | 20 2 ay 120 1 c. | .ержоле | | · · · · · |
| Enclosed is a check for the following amou | nt: | | | | |
| ■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fe Certified Copy (Additional copy enclosed) | Certific is Certific | cate of Si ed Copy ional cop | tatus | & |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | | Amendment S Division of Co | STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street | | |

Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 24, 2003

MARIE S. AYERBER 3920 NW 19TH ST. GAINESVILLE, FL 32605

SUBJECT: C & M CANDIES, L.L.C. Ref. Number: L01000015303

We have received your document for C & M CANDIES, L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Letter Number: 803A00068567

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

| , |
|--|
| 1. The name of the limited liability company is <u>C&M</u> Condies LL(|
| 2. The effective date of the limited liability company's dissolution is 09130 03 |
| 3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to 0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter). |
| Closed the business and sold the |
| Myentory. |
| |
| 4 CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or dischargedOR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421. |
| 5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests. |
| 6. CHECK ONE: There are no suits pending against the company in any courtOR- |
| Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit. |
| Signatures of the members having the same percentage of membership interests necessary to approve the dissolution: |
| Signature Typed or Printed name |
| Marie S. ayerbe Marie S. Oyerbe Carlos E. Cayon Carlos E. Ayerbe |
| |
| |