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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

TO:

Registration Section

Registration Section

409 E. Gaines Street

Division of Corporations

Tallahassee, Florida 32399

Division of Corporations	
SUBJECT: Summer Jobson Caption, com, LLC (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:	
Inslee L. Copeland (Name of Person)	
Summer Jobson Cape Cod, com, LLC (Firm/Company)	
260 Crandon Blvd., Suite 32-PMB 133	
Key Biscayne, FL 33149 (City/State and Zip Code)	
For further information concerning this matter, please call: Th Sign L. Coperano at 305, 361-9035 (Name of Person) (Area Code & Daytime Telephone Number)	7 = 7
Thislee L. Coperano at (305) 361-9035 85 78 78 78 78 78 78 78 78 78 78 78 78 78	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{So.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)}	
STREET ADDRESS: MAILING ADDRESS:	

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

December 21, 2004

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Dissolution of SummerJobsOnCapeCod.com,LLC

To Whom It May Concern:

Enclosed please find the Transmittal Letter, Articles of Dissolution for A Florida Limited Liability Company as well as Check number 264 for \$60.00 representing fees for filing, certificate of status and a certified copy.

My return address and phone number are as follows:

Instee L. Copeland 650 Curtiswood Drive Key Biscayne, FL 33149 305-361-9035

Thank you,

Inslee L. Copeland

FILED
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ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is
Summer Jobs On Cape Cod. com, LLC.
2. The date the dissolution was approved: Dec. 31, 2004.
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
It is determined to No longer be practical to
to poor profit performance.
 4. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged. -OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.
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 whice 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
Andle V. Cope Fand