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|-----------------------------------------|-------------|---------------------------------------------|
| (Requestor's Name) | ueche. | |
| (Address) | | 10005 |
| (Address) (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MA | AIL | |
| (Business Entity Name) | | 05/04/05 |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| M | .i. | |
| | | |

Office Use Only



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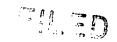
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TRANSMITTAL LETTER

| | | | (amount of the comment of the comme |
|-----------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TO: Registration S Division of Co | | | |
| SUBJECT: <u>Inc</u> | JUIGING Bea (Name of I | Limited Liability Company) | IS APPLIED IN P 2: 12 |
| The enclosed Articles of | of Dissolution and fee(s) are sub | mitted for filing. | |
| Please return all corresp | condence concerning this matter | r to the following: | |
| _ | Sheila L | EE (Name of Person) | |
| ρ. ₀ | 303 | (Firm/Company) | |
| | | (Address) | |
| | ACKSONUILLE (Cit | FC 32238 y/State and Zip Code) | |
| For further information | concerning this matter, please of | eall: | |
| Sheil | (Name of Person) | at (904) 69. (Area Code & Daytime | 3 - 2890 Telephone Number) |
| Enclosed is a check for the | e following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| STRI | EET ADDRESS: | MAILING ADDRI | ESS: |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section 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 | 200 la¥ −4 P 2: 12 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Indulaing Brauty + W | |
| 2. The date the dissolution was approved: 4-30- | 05 |
| 3. A description of the occurrence that resulted in the limit section 608.441, Florida Statutes, (copy of 608.441 on b | ed liability company's dissolution pursuant to ack of cover letter). |
| Company did Not work out | - AS Planned |
| | |
| | |
| | |
| 4. CHECK ONE: All debts, obligations and liabilities of the limited liabilities of the limited liabilities. OR- Adequate provision has been made for the debts, obligations. | |
| All remaining property and assets have been distributed respective rights and interests. | among its members in accordance with their |
| 6. CHECK ONE: There are no suits pending against the company in any c OR- | |
| Adequate provision has been made for the satisfaction o be entered against it in any pending suit. | f any judgment, order or decree which may |
| Signatures of the members having the same percentage o the dissolution: | f membership interests necessary to approve |
| Signature Sheila Lee | Typed or Printed name Sheila Lee |
| | |
| | |
| | |

Filing Fee: \$25.00