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T. HAMPTON

FEB 2 5 2008

EXAMINER

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:		IZARD, LLC.	
	(Name of	Limited Liability Company)	
The enclosed	Articles of Dissolution and fee(s) are so	ubmitted for filing.	
Please return	all correspondence concerning this mat	ter to the following:	
	E	D_PAGE	
		(Name of Person)	
	NOTE WIZARD, LLC. (Firm/Company)		
		20001 GULF BLVD, SUITE 5	
	(Address)		
For further in	(Control of the concerning this matter, please	NDIAN_SHORES, FL 33785 ity/State and Zip Code)	
ED	PAGE (Name of Person)	at (727) 824-7738 (Area Code & Daytime Telephone Number)	
Enclosed is a c	heck for the following amount: 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB 22 PM 12: 24

1. The name of a limited liability company is	•		
NOTE WIZARD, LLC.	•		
2. The Articles of Organization were filed onMAY_16, _2002 and assigned document number			
OR-Adequate provision has been made for the del 6. All remaining property and assets have been distribute rights and interests. 7. CHECK ONE: XX There are no suits pending against the company of the	nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421. ed among its members in accordance with their respective ny in any court. tisfaction of any judgment, order or decree which may be		
ignatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution. Printed Name		
Signature El Pay	ED PAGE		