## L020000 10482

(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:						

Office Use Only



000116763430

02/22/08--01005--021 ++25.00

SECRETARY OF STATE OIVISION OF CORPORATIONS

J. BRYAN

FEB 2 5 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	<sub>CCT:</sub> Tropical Treateries, LLC	;			
5055		Limited Liability Company)			<del></del>
The en	closed Articles of Dissolution and fee(s) are su	ubmitted for filing.			
Please	return all correspondence concerning this mat	ter to the following:			
	John Agress				<del>-</del>
	0011117191000	(Name of Person)		<del> </del>	-
					30 1710 S
		(Firm/Company)			SION FER
	20410 Talon Trace				3 2 2 S
	20410 Talon Trace	(Address)			- <b>P</b>
	Estero, FL 33928				OBFEB 22 PM 2: 34
	· · · · · · · · · · · · · · · · · · ·	ty/State and Zip Code)	•	_,· <u>.</u>	- 4
For fur	ther information concerning this matter, please	e call:			
	John Agress	at ( 239	948-2	2116	
	(Name of Person)	(Area Code	& Daytime	Telephone Nun	nber)
Enclose	ed is a check for the following amount:				
	00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed)	\$60.00 Fil Certificate o Certified Co (additional o	f Status &
	MAILING ADDRESS:	STREE	CT/COU	RIER ADD	RESS:
	Registration Section	Registra	ation Sec	tion	
Ţ	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle		le	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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	EB ORRES
<ol> <li>The name of a limited liability company is Tropical Treateries, LLC</li> </ol>	22 F Co
Tropical Treatenes, LLO	3.00
2. The Articles of Organization were filed on L02000016482	2002 and assigned document number
3. The date the dissolution was approved: 12/21/200	07
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove Company has closed its stores because	liability company's dissolution pursuant to section or letter).
5. CHECK ONE:	
-OR-	ited liability company have been paid or discharged.
All remaining property and assets have been distribute rights and interests.	•
7. CHECK ONE:	
There are no suits pending against the compan	y in any court.
OR- Adequate provision has been made for the sati entered against it in any pending suit.	sfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of me	embership interests necessary to approve the dissolution:
Signature	Printed Name
Chu Chi	John Agress
5 Au Bayers	Jo Ann Agress

**FILING FEE: \$25.00**