UD20000/4/92

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 24, 2004

SARAH LUMPP 455 NORTH RIVER ROAD LABELLE, FL 33935

SUBJECT: EVERGLADES NATIONAL PARK ECOLOGICAL CRUISES, LLC

Ref. Number: L02000016692

We have received your document for EVERGLADES NATIONAL PARK ECOLOGICAL CRUISES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number two of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 304A00036227

Sarah M. Lumpp 455 North River Road LaBelle, Florida 33935

Phone: (863) 675-0606

Fax: (863) 675-0630

May 3, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> Re: Everglades National Park Ecological Cruises, LLC; Document No. L02000016692, Filed 7/2/02

Gentlemen:

Enclosed you will find a Certificate of Cancellation for the above referenced LLC, as well as a check in the amount of \$52.50 for filing of the cancellation.

The contact person for this matter is:

Sarah M. Lumpp (863) 675-0606

The acknowledgment should be addressed to:

Sarah M. Lumpp 455 North River Road Labelle, Florida 33935

Thank you for your cooperation in this matter.

Sincerely,

Sarah M. Lumpp



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 13, 2004

SARAH LUMPP 455 NORTH RIVER ROAD LABELLE, FL 33935

SUBJECT: EVERGLADES NATIONAL PARK ECOLOGICAL CRUISES, LLC

Ref. Number: L02000016692

We have received your document for EVERGLADES NATIONAL PARK ECOLOGICAL CRUISES, LLC and your check(s) totaling \$52.50. 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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 704A00033350

Sarah M. Lumpp 5240 McIngvale Road Hernando, Mississippi

Phone: (662) 449-5240

Fax: (662) 449-5244

May 17, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

Enclosed you will find a letter from you and Articles of Dissolution for a Florida Limited Liability Company. Please file the same. I will not need certified copies or a certificate of status. Therefore, I believe that the fee will be \$25.00. Please refund the balance of my check previously sent to you to me at:

Sarah M. Lumpp 5240 McIngvale Road Hernando, Mississippi 38632

Thank you for your cooperation in this matter.

Sincerely,

Sarah M. Lumpp

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	EVERGLADES NATIONAL PARK	ECOLOG	HCAL	_
CRUISES, LLC				
2. The effective date of the limited liability con	npany's dissolution is MAY 10, 2004			-
3. A description of the occurrence that resulted 0section 608.441, Florida Statutes, (copy of		olution pur	suant to)
AGREEMENT OF ALL MEMBERS TO DI	SSOLVE AND TERMINATION OF	POSSIBL	E	
BUSINESS FOR WHICH THIS LLC WAS	FORMED.			_
				-
				-
 4. CHECK ONE: All debts, obligations and liabilities of the li-OR- Adequate provision has been made for the d 5. All remaining property and assets have been 	ebts, obligations and liabilities pursuar	t to s. 608.	4421.	
respective rights and interests.	amurous miong in momoors in nov	Maniec Wil	n uron	
 6. CHECK ONE: There are no suits pending against the compa-OR- Adequate provision has been made for the sabe entered against it in any pending suit. 	•	cree, which	n may	
Signatures of the members having the same per dissolution:	centage of membership interests neces	sary to appi	rove the	;
Signature	Typed or Printed name			
FaretMil my	ROBERT M. LUMPP 50%			
Saral M Lumpp	SARAH M. LUMPP 50%			
			34 	
			*	Fault
		ang.	. 77 . 73 	

Filing Fee: \$25.00