## L02000017100

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only





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JOEL Guy P.O. BOX 5964 MARIANNA, FL 32447

Home Phone 850-526-1827

DIVISION OF CORPORATATIONS
DIVISION OF EB 25 PH 12: 21

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

| 1. The name of the limit  | ed liability company               | is Guy          | Service         | Co. LL                        | <u>.c</u> .    |
|---|------------------------------------|-----------------|-----------------|-------------------------------|----------------|
| 2. The effective date of  | the limited liability co           | ompany's dissol | ution is9       | -30-02                        | 2000           |
| 3. A description of the obsection 608.441, Flo  |                                    |                 |                 |                               | on pursuant to |
| Returned:   | to Fall-Time                       | employme        | wit with        | another                       | Company        |
|   |                                    |                 |                 |                               | <u> </u>       |
|   |                                    | ونسي، على ، عني |                 | <u>چە رىسى ئەتى بىر سىمىي</u> | 2 a            |
| <ul> <li>5. All remaining proper respective rights and</li> <li>6. CHECK ONE:</li> <li>There are no suits per-OR-</li> <li>Adequate provision has been tered against it in the content of the content of</li></ul> | interests.  Inding against the com | ipany in any co | urt.            |                               | SECRETARY      |
| Signatures of the member dissolution:   | • • •                              | ercentage of me | embership inter | ests necessary                | to approve the |
| Signature  Signature  | m2                                 | Typed o         | r Printed name  | <del></del>                   |                |
|   |                                    |                 |                 | · <del> ·</del>               |                |

Filing Fee: \$25.00