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DEPT. OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

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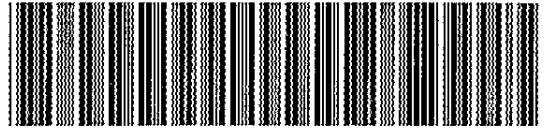
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

July 22, 2003

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

Enclosed please find our form for filing articles of dissolution of our Florida limited liability company.

Our phone number is 850-224-9448.
Our address is McLeodMcCall, LLC
P.O. Box 10223
Tallahassee, FL 32302

Sincerely,


Laura McLeod

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is McLeod McCall, LLC
2. The effective date of the limited liability company's dissolution is July 21, 2003
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Agreement of all members, § 608.441(1)(c)

4. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature

Typed or Printed name

Margaret "Maggie" McCall Moody

Margaret "Maggie" McCall Mc

Laura McLeod

LAURA McLeod