L02000027583

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 25, 2003

GARY MORSE 815 UNIVERSITY BLVD., APT. 106 JUPITER, FL 33458

SUBJECT: PREMIER AWNINGS OF THE TREASURE COAST, LLC

Ref. Number: L02000027583

O3 DEC 26 PM 1:51

We have received your document for PREMIER AWNINGS OF THE TREASURE COAST, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$35.00 payment.

You have sent a dissolution form that is only used for CORPORATIONS. Please complete and return the enclosed form for LIMITED LIABILITY COMPANIES.

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) 245-6914.

Letter Number: 403A00058234

Buck Kohr Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

TRANSMITTAL LETTER

~	TRANSMITTAL LETTER
Ť.	2: Amendment Section Division of Corporations
SU	BJECT: DI 556 LUTTON OF Premier AWNING OF THE Transmet
DC	OCUMENT NUMBER: <u>L 02000027583</u>
The	e enclosed Articles of Dissolution and fee are submitted for filing.
Ple	e enclosed Articles of Dissolution and fee are submitted for filing. ase return all correspondence concerning this matter to the following:
_	Gany Morse (Name of Person)
	(Name of Person)
	Premier Awwines of the Treasure Const, LLC (Name of Firm/Company)
	815 UNIVERSITY BLUD ART 106 (Address)
	Juli 1724, F. 3 3 454 (City/State/and Zip Code)
For	further information concerning this matter, please call:
	(Name of Person) at (56/) Etc. 274 694-6158 (Name of Person) (Area Code & Daytime Telephone Number)
Enc	closed is a check for the following amount:
d :	\$35 Filing Fee \$\topsup \\$43.75 Filing Fee & \$\topsup \\$43.75 Filing Fee & \$\topsup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section Amendment Section
	Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is _ Rremier Awnies of The
Treasure Coast L/C
2. The effective date of the limited liability company's dissolution is 10/16/03
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). Upon with consent of all the men of the LLC. 608.44/-C.
 4. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or dischargedOR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.
 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
<u></u>
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Filing Fee: \$25.00