102000028/08

(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



900009298039

12/09/02--01103--001

**25.00

REUNETH OF SINE

)EC -0 M 10: 49

607-28108

AL

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

LLC Filings Office:

I enclose an original Articles of Dissolution of Business Experiential Theatre, LLC. Please file the Articles of Dissolution and return a letter of acknowledgment to me. A check in the amount of \$25, made payable to your office, for filing fee, is enclosed.

Thank you for your assistance.

Sincerely,

Susan Bea Robinson, Registered Agent and Member

1400 Vermont Avenue

Tarpon Springs, Florida 34689

phone # (727) 943-8352

Enclosures: Articles of Dissolution; check #6074

02 DEC -9 &M 10: 49

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is <u>Business Experiential Theatre</u> , LLC
2. The effective date of the limited liability company's dissolution is $\frac{12/15/02}{}$
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to 0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
written consent and agreement of all members to dissolve the LLC.
 4, CHECK ONE: M 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 JENNIFER A. SLOANE Charles CLEMENT ROBINSON Susan Bea ROBINSON

Filing Fee: \$25.00