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W2-34045

TRANSMITTAL LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: PROVISION COMPANY I, LLC (Name of Limited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
PETER C. MARIANES (Name of Person)				
Provision Company I, LLC (Firm/Company)				
3526 MoloNA DRIVE				
ORLANDO, FL. 32837-5828 (City/State and Zip Code)				
For further information concerning this matter, please call:				
PETER C. MARIADES at 321 436-4896 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Scrifficate of Status Certificate of Status Certificate of Status (additional copy is enclosed)				

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is		
PROVISION COMPA	NY I, LLC	<u> </u>
2. The date the dissolution was approved:	ec. 31, 2003.	
3. A description of the occurrence that resulted section 608.441, Florida Statutes, (copy of 6		on pursuant to
Upon THE WRITTEN CO	PUSENT OF ALL OF THE	er y i
MEMBERS OF THE LIM	ITED LIABILITY COMPANY	<u>/</u>
	<u> </u>	
••••		
		,
 4. CHECK ONE: All debts, obligations and liabilities of the lin-OR- Adequate provision has been made for the defended of the defe	ebts, obligations and liabilities pursuant to	s. 608.4421.
6. CHECK ONE: There are no suits pending against the compa- OR-		
Adequate provision has been made for the sa be entered against it in any pending suit.	itisfaction of any judgment, order or decree	which may
Signatures of the members having the same p the dissolution:	ercentage of membership interests necessa	ry to approve
Signature	Typed or Printed name	OU AUG
The David	PETER C. MARIA	
	<u> </u>	HIZ: 2
		<u> </u>