#10300001925

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(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
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K.SALY EXAMINER NOV - 1 2012



CONTACT PERSON: Susie Knight - EXT# 52956

____ CERTIFICATE OF GOOD STANDING

CERTIFIED COPY
XX PLAIN STAMPED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

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SEGNETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on Janu	uary 16, 2003 and assigned document number
L03000001925	
0<70	BER
3. The date the dissolution was approved: Septem	###
4. A description of occurrence that resulted in the lir 608.441, Florida Statutes, (copy 608.441 on back Upon the written consent of all the	mited liability company's dissolution pursuant to section cover letter). e members
5. CHECK ONE:	
All debts, obligations and liabilities of the	e limited liability company have been paid or discharged.
Adequate provision has been made for the	e debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distri- rights and interests. 	ibuted among its members in accordance with their respective
CHECK ONE:	
There are no suits pending against the cor	mpany in any court.
-OR- Adequate provision has been made for the entered against it in any pending suit.	e satisfaction of any judgment, order or decree which may be
natures of the members having the same percentage	of membership interests necessary to approve the dissolution
satures of the members having the same percentage of Signature	of membership interests necessary to approve the dissolution. Printed Name
	Printed Name

FILING FEE: \$25.00