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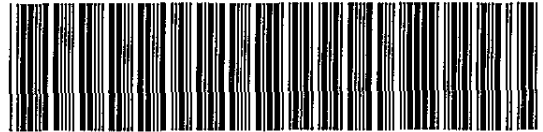
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STATE  
TALLAHASSEE, FLORIDA

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4428 Fallbrook Blvd  
Palm Harbor Florida 34685

November 11, 2003

P.O. Box 6327  
Tallahassee Florida

Dear Sir or Madam:

This letter is to confirm that the member, John Moncrieff, President of TZJ Holdings LLC has consented to the dissolution of the limited liability company. The effective date of the dissolution is November 15, 2003 and the LLC has no debts and has distributed all property, assets and interests of the Company. There are no suits pending against the company.

I am requesting a certified copy of the dissolution and have enclosed the \$30.00 fee. Any correspondence can be made to:  
John Moncrieff

4428 Fallbrook Blvd Palm Harbor Florida 34685  
phone - 727-942-7043 email- johnmoncrieff@msn.com

Sincerely,



John R Moncrieff

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

1. The name of the limited liability company is TZJ Holdings LLC

2. The effective date of the limited liability company's dissolution is NOVEMBER 15 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).

Written consent of dissolution by all members.

**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

John R Mancroff

John R Mancroff

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\_\_\_\_\_  
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**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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