

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
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DIVISION OF CURPORTER

G. MCLEOD

APR 1 6 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Ditto 9 Associates M.9 (	CIIC
30300011	ed Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
William Pitts	
(Nam	e of Person)
Pitts & Associates M &	C, LLC
·	n/Company)
7883 W. Chelsea Cour	t .
(/	Address)
Homosassa, FL 34446	-1710
	e and Zip Code)
For further information concerning this matter, please call:	
William Pitts	at ( 352 ) 476-4593
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
DIVISION OF CORPORATION

08 APR 15 PM 3: 13

10 FH 3: 13
ssigned document number
signed document number
n pursuant to section
n pursuant to section
n paid or discharged.
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arsuant to s. 608.4421.
ance with their respective
ance with their respective
r or decree which may be
of decree which may be
o approve the dissolution:
b approve the dissolution.
d Name