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(Reque	stor's Name)	
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Certified Copies Certificates of Status		
Special Instructions to Filin	a Officer:	
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S. HAWKES

APR 1 6 2009

EXAMINER

## · COVER LETTER

	ration Section on of Corporations
SUBJECT:	ENDLESS SPECIALTIES LAC
_	(Name of Limited Liability Company)
The enclosed A	articles of Dissolution and fee(s) are submitted for filing.
Please return a	ll correspondence concerning this matter to the following:
	EILEEN R. FULLER (Name of Person)
	ENDLESS SPECIALTIES LLC (Firm/Company)  2046 INTERIAL CIRCLE (Address)
	(Firm/Company)
	2046 IMPERIAL CRCCE
	(City/State and Zip Code)
	(Only/Diale and Elp code)
For further inf	ormation concerning this matter, please call:
	EILEEN R. FULLER at (239) 592-1872  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for the following amount:
\$25.00 Filing	
y	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	21 - 23 1 apr. 3 1 25

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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signed document number
pursuant to section
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n paid or discharged.  rsuant to s. 608.4421.  Ince with their respective  or decree which may be
approve the dissolution:
P. FULLER
- A-A-A-

FILING FEE: \$25.00