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(Requestor's Name)			
(Address)			
(Address)	<u> </u>		
(City/State/Zip/Phone	#)		
PICK-UP WAIT	MAIL		
(Business Entity Name	<u> </u>		
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Certified Copies Certificates of Status			
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TRANSMITTAL LETTER

TO:	Amendment Section		
	Division of Corporations		

SUBJECT: ARTICLES OF DISSOLUTION				
DOCUMENT NUMBER: P01000114002				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Robert Snider & Jenulyn Garofalo (Name of Person)				
(Name of Firm/Company)				
1110 Crane Blvd.				
(Address)	0			
1110 Crane Blvd. (Address) Sugarloaf Key FL 33042 P	SE			
(City/State/and Zip Code)				
Sugarloaf Key FL 33042 State S				
Jenslyn Garofalo at (305) 7/2 · 0323 = (Name of Person) (Area Code & Daytime Telephone Number)) F STATE PORATIONS			
Enclosed is a check for the following amount:	Š			
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status				
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MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399



1. The name of the limited liability company is	Paradise Retreats and
Seminars, LL	د
2. The effective date of the limited liability con	ipany's dissolution is 12-17-03
	I in the limited liability company's dissolution pursuant to
upon the written cons	ent of All members of
-OR- Adequate provision has been made for the d	mited liability company have been paid or discharged.
 6. CHECK ONE: There are no suits pending against the compa-OR- Adequate provision has been made for the sabe entered against it in any pending suit. 	S S S
Signatures of the members having the same per dissolution:	centage of membership interests necessary to approve the
Signature) Calut ISI	Typed or Printed name Robert Smider
Tereby Garga	Jenskyn Garofalo

Filing Fee: \$25.00