L03000014744

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
•	-	
Special Instructions to	Filing Officer:	
		Association
		The state of the s
		and an annual section of the section
		}
		

Office Use Only



000086673880

01/31/07--01019--006 **25.00

OT JAN 31 PM 12: 09
SECILLIANSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DANCING NEED LES, L. (Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Person)			
DANCING NEEDLES, L.L.C. (Firm/Company)			
Mones Ave (Address)			
TAMPA FL 33629 (City/State and Zip Code)			
For further information concerning this matter, please call:			
TACBUELINE PEDES at (813) 837 599 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}			

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

	07 JAN 31 PH 12: 09
1. The name of a limited liability company is	SECRETARY OF STATE
DANCING VE	SECRETARY OF STATE SALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on	and assigned document number
60300017744	
 	
3. The date the dissolution was approved:	20/16
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	t .
ELECTED TO DISSO	LUB TO FORM OTHER
BUSINESS	
5 CYTECIZ ONE.	
5. CHECK ONE:	
—∠OR-	mited liability company have been paid or discharged.
Adequate provision has been made for the de	ebts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributed rights and interests.	ted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
OR- Adequate provision has been made for the sa entered against it in any pending suit.	atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
assister	<i>N</i> -
	- JACOURI WE PEDES
V * \/	
	-