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SECRETARY OF STAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pass - a - Gulle Way UC (Name of Cimited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lea Nacdone (Name of Person)
(18ame of resont)
(Firm/Company)
13.04 Royal Palm De S.
1304 Royal Palm De S. (Address) Guffport, FG. 33707 (City/State and Zip Code)
For further information concerning this matter, please call:
Lie Naudene at (737) 798 343/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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

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