# L030000 18855

(R	lequestor's Name)	
(A	ddress)	
(A	ddress)	
(0	ity/State/Zip/Phone #)	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		ļ
189, 1707,	<u>u71</u>	20
·	Office Use Only	My



600043695536

600043695536 03/07/05-01031--017 \*\*7.50

01/20/05--01030--008 \*\*52.50 \*\*\*

2005 MAR -7 AM II: 40
SECRETARY LOS TATES
TALLAHASSEE, FI HATES

## TRANSMITTAL LETTER

TO: Amendment Section

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

Division of Corporations		
SUBJECT: Dissolution		<del></del> .
DOCUMENT NUMBER: L03000018855		<del></del>
The enclosed Articles of Dissolution and fee	are submitted for filing.	··•
Please return all correspondence concerning the	his matter to the following:	
Jim Peters		
(Name of Pers	son)	2005 M SECR TALLA
Creative Expectations, LLC		<u></u>
(Name of Firn	n/Company)	005 MAR - 7 AM II: 4 BECRETARY OF STATE LLAHASSEE, FLORID
	ddress)	ATC ATC ATC
Orlando, FL 32819		
	and Zip Code)	
For further information concerning this matter,		
Jim Peters at	407-581-6881	
(Name of Person)	(Area Code & Daytime Telep	hone Number)
Enclosed is a check for the following amount:	•	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & X Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street

Tallahassee, Florida 32399



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 31, 2005

JIM PETERS 7380 SAND LAKE RD STE 135 ORLANDO, FL 32819

SUBJECT: CREATIVE EXPECTATIONS, L.L.C.

Ref. Number: L03000018855

We have received your document for CREATIVE EXPECTATIONS, L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 705A00006661

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporat	ions	e e		
SUBJECT:	Cleative (Name of Lim	Expectations, Ld lited Liability Company)		,
The enclosed Articles of Disse	olution and fee(s) are submit	ited for filing,	·	
Please return all corresponden	ce concerning this matter to	the following:		
	Jim I	Peters ame of Person)		
		edations, LLC		
7386	o Sand Lake	Road Syite 135 (Address)	20 AL	
	Orlando, FL	32819 tate and Zip Code)	1005 MAR -7 SECRETARY LLAHASSE	7
For further information concer			7 AMII:41	
	Im Peters me of Person)	at (40) 58 (Area Code & Daytime	7/- (88) Felephone Number)	
Enclosed is a check for the follow	/ing amount:			
☐ \$25.00 Filing Fee ☐	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	1 860.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	.)

STREET ADDRESS:

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

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY