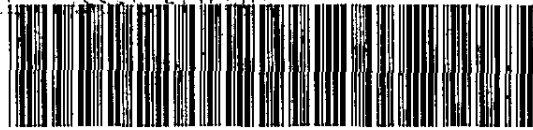


L030000024169

2004 JUN -1 P 3:29

SECRETARY OF STATE  
TALLAHASSEE, FL 32304



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AL 1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 28, 2004

SALIKA LAWRENCE  
2806 NORTH POWERS DRIVE #41  
ORLANDO, FL 32818

SUBJECT: ZONE TWO ENTERPRISES, LLC  
Ref. Number: L03000024169

**FILED**  
2004 JUN -1 P 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ZONE TWO ENTERPRISES, LLC and your check(s) totaling \$35.00. 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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 904A00028406

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**FILED**

**SUBJECT:** DISSOLUTION OF CORPORATION

2004 JUN -1 P 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT NUMBER:** 57-1178514

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SALIKA LAWRENCE

(Name of Person)

ZONE TWO ENTERPRISES, LLC

(Name of Firm/Company)

2806 NORTH POWERS DRIVE #41

(Address)

ORLANDO, FL 32818

(City/State/and Zip Code)

For further information concerning this matter, please call:

SALIKA LAWRENCE

(Name of Person)

at (407) 616-7991

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

1. The name of the limited liability company is Zone Two Enterprises, LLC 29

2004 JUN  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The effective date of the limited liability company's dissolution is April 12, 2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to  
Osection 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

The corporation did not commence business.

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their  
respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.  
-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may  
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the  
dissolution:

Signature

Salika Lawrence  
Eileen Lawrence

Typed or Printed name

SALIKA LAWRENCE  
Eileen Lawrence