L030000035a6C

(Requestor's Name) (Address)	700025599647
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name) John A. Weeks, Sr. 25 River Route Magnolia Springs, AL	12/29/0301028005 ***?
251-965-7270	03 DEC 29 PH 1: 59

Office Use Only

**25,00

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is		
2. The effective date of the limited liability	y company's dissolution is <u>12-22-03</u>	
3. A description of the occurrence that res 0section 608.441, Florida Statutes, (cop	sulted in the limited liability company's dissolution pursuant to by of 608.441 on back of cover letter).	
Written consent of all	Members.	
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4. CHECK ONE:All debts, obligations and liabilities of -OR-	the limited liability company have been paid or discharged	
☐ Adequate provision has been made for	the debts, obligations and liabilities pursuant to s. 608.4421.	
5. All remaining property and assets have respective rights and interests.	been distributed among its members in accordance with their	
6. CHECK ONE: There are no suits pending against the of the control of the contr	company in any court.	
-OR- Adequate provision has been made for be entered against it in any pending sui	the satisfaction of any judgment, order or decree, which may t.	
Signatures of the members having the san dissolution:	ne percentage of membership interests necessary to approve the	
Signature	Typed or Printed name	
	John A. Weeks, SR.	
	<i></i>	

Filing Fee: \$25.00