## L03000025788

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	e)
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

OF APP 25 AM 11: 32

4/4/66

To State of Florida

Please Discontinue See Solutions LLC

Thank Your Robert A Barna President.

SECRETARY OF STATENS
OIVISION OF CORPORATIONS
OF APR 25 AM II: 32

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SEE SOLUTIONS LLC. (Name of Limited Liability Company)	
RODEDT A RAPINES	DIVISION THE LEGISTA
(Address)  NEW PORT RICHEY, FL 34653  (City/State and Lip Code)  For further information concerning this matter, please call:	
ROBERT BARNES at (727) 372-8122  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:  \$\Bigsquare{\Pi}\$\$ \$25.00 Filing Fee \( \bigsquare{\Pi}\$\$ \$30.00 Filing Fee \( \bigsquare{\Pi}\$\$ Certificate of Status \( \bigsquare{\Pi}\$\$ (additional copy is enclosed)  \$\Bigsquare{\Pi}\$\$ \$60.00 Filing Fee, \( \bigcom_{\Pi}\$\$ Certificate of Status \( \bigcom_{\Pi}\$\$ Certified Copy \( (additional copy is enclosed) \)  \$\Bigsquare{\Pi}\$\$ \$35.00 Filing Fee \( \bigcom_{\Pi}\$\$ 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2006

ROBERT A. BARNES SEE SOLUTIONS LLC 4431 SUMMER LAKE DR. NEW PORT RICHEY, FL 34653

SUBJECT: SEE SOLUTIONS L.L.C.

Ref. Number: L03000025788

ON APR 25 AM II: 32

We have received your document for SEE SOLUTIONS L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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

Peturning with Correct Form Thank You

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 906A00025581

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	or on one of the second
2. The Articles of Organization were filed on \( \frac{1}{03} \)	and assigned document number
3. The date the dissolution was approved:	6
4. A description of occurrence that resulted in the limited liability 608.441, Florida Statutes, (copy 608.441 on back cover letter).	company's dissolution pursuant to section
5. CHECK ONE:  All debts, obligations and liabilities of the limited liabilities of the limited liabilities.	
Adequate provision has been made for the debts, obliga  6. All remaining property and assets have been distributed among rights and interests.	•
7. CHECK ONE:  There are no suits pending against the company in any e-OR- Adequate provision has been made for the satisfaction centered against it in any pending suit.	
ignatures of the members having the same percentage of membership	interests necessary to approve the dissolution:
Robert A. Barner	Printed Name ROBERT A BARNES

FILING FEE: \$25.00