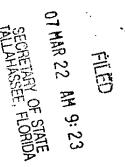
## 1030000 29333

| , (Re                   | equestor's Name)   |   |
|-------------------------|--------------------|---|
| (Ad                     | ldress)            |   |
| (Ad                     | dress)             | · · · · · ·                                       |
|                         |                    |   |
| (Cit                    | ry/State/Zip/Phone | e #)  |
| PICK-UP                 | ☐ WAIT             | MAIL  |
| (Bu                     | siness Entity Nam  | ne)   |
| (Do                     | cument Number)     |   |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |   |
|                         |                    |   |
|                         |                    |   |
|                         |                    | 333   |
|                         | Office Use Onl     | , <del>\                                   </del> |



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03/22/07--01047--017 \*\*55.00



## **COVER LETTER**

|                   | on of Corporations   |  |  |  |  |
|-------------------|--|--|--|--|--|
| SUBJECT:          | Lib Investments LLC  |  |  |  |  |
| SCHOLCI           | (Name of Limited Liability Company)  |  |  |  |  |
| ,                 |  |  |  |  |  |
| The enclosed A    | rticles of Dissolution and fee(s) are submitted for filing.  |  |  |  |  |
| Please return al  | correspondence concerning this matter to the following:  |  |  |  |  |
|                   | William Wesela (Name of Person)  |  |  |  |  |
|                   | Lib Investments UC (Firm/Company)  | O7 MAR<br>SECRI  |  |  |  |
|                   | 9:527 Mulbery St<br>(Address)  | O7 MAR 22 AM 9: 23 SECRETARY OF STATE FALLAHASSEE FLORID |  |  |  |
|                   | (Address)  Laure (, MD 20707  (City/State and Zip Code)  | FLORIDA  |  |  |  |
|                   | (City/State and Zip Code)  |  |  |  |  |
| For further info  | mation concerning this matter, please call:  |  |  |  |  |
|                   | William Wessela at ( 786 ) 252-8487 (Name of Person) (Area Code & Daytime Telephone Number)              |  |  |  |  |
| Enclosed is a che | ck for the following amount:   |  |  |  |  |
| \$25.00 Filing F  |  | us &   |  |  |  |
|                   | MAILING ADDRESS: STREET/COURIER ADDRESS Registration Section   | 5S:  |  |  |  |
|                   | Division of Corporations P.O. Box 6327  Registration Section  Division of Corporations  Clifton Building | Division of Corporations                                 |  |  |  |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2007

WILLIAM WESELA MULBERRY STREET LAUREL, MD 20707

SUBJECT: LIB INVESTMENTS LLC

Ref. Number: L03000029333

We have received your document for LIB INVESTMENTS 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) 245-6097.

Marsha Thomas Document Specialist within 60 days or ment, please call

Letter Number: 407A00014504

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company   | is                                       |                     |                     |                  |
|--|--|---------------------|---------------------|------------------|
| Libetovestments  | UC                                       |                     |                     |                  |
| 2. The Articles of Organization were filed on  | 8/8/0                                    | 3                   | _ and assigned d    | ocument number   |
| 1030000 29333  | ' /                                      |                     |                     |                  |
| 3. The date the dissolution was approved:  | 1/1/07                                   |                     |                     |                  |
| 4. A description of occurrence that resulted in 608.441, Florida Statutes, (copy 608.441 o | n the limited liab<br>in back cover lett |                     | ssolution pursuan   | t to section     |
| No activity comm   | nenced in bus                            | iness.              |                     | PSS =            |
|  |  |                     |                     | 圣器 公             |
|  |  |                     |                     | SSE              |
| •  |  |                     |                     | mg 3             |
| 5. CHECK ONE:  |  |                     |                     | STA C            |
| All debts, obligations and liabilitie  | es of the limited l                      | iability company l  | nave been paid or   | discharged.      |
| Adequate provision has been made   | e for the debts, ol                      | oligations and liab | ilities pursuant to | s. 608.4421.     |
| <ol><li>All remaining property and assets have bee<br/>rights and interests.</li></ol>     | en distributed am                        | ong its members ir  | n accordance with   | their respective |
| 7. CHECK ONE:  |  |                     |                     |                  |
| There are no suits pending against   | the company in                           | any court.          |                     |                  |
| OR- Adequate provision has been made entered against it in any pending su                  | • -                                      | •                   | nt, order or decre  | e which may be   |
| , , , , , , , , , , , , , , , , , , ,  |  |                     |                     |                  |
| Signatures of the members having the same perce  | entage of membe                          | rship interests nec | essary to approve   | the dissolution: |
| , <sub>I</sub> , Signatu <del>l</del> re   |  |                     | Printed Name        |                  |
| WHOWH  |  | Wil                 | lliam D. Wes        | eh               |
|  |  |                     |                     |                  |
|  |  |                     |                     |                  |
|  |  |                     |                     |                  |
|  |  | <del> </del>        |                     |                  |
|  |  |                     |                     | <del></del>      |
|  |  |                     |                     |                  |
|  |  |                     |                     |                  |

**FILING FEE: \$25.00**