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# TRANSMITTAL LETTER



STREET ADDRESS:

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**Registration Section** Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 (additional copy is enclosed)

Certified Copy (additional copy is enclosed)

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

# ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company is <u>STMLC</u> DOING BUSINESS 95 EXPESSION, NO. 11 2. The date the dissolution was approved: <u>AUGUST 11/2005</u>
- 3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

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## 4. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharge -OR-
- $\Box$  Adequate provision has been made for the debts, obligations and liabilities pursuant to  $\underline{s}$  608
- 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		
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Typed or Printed name

Filing Fee: \$25.00