## L03000033037

(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)		
(Cir	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





800049999778

04/11/05--01015--010 \*\*30.00

LA04/12/05

FILED

05 APR II PN 1: 27

SECRETARY OF STATE
TALL ANASSEE FLORIDA



This cover letter contains my return address and telephone number.

Samuel Gifford 457 Sun Lake Cir #303 Lake Mary, FL 32746

(321) 947-2163 daytime phone number

enclosed check number 615



## TRANSMITTAL LETTER

TO: Registration S Division of C					
0.17	TO B. A				
SUBJECT: Sgifford	I2 & Associates, LLC				
	(Name of I	Limited Liability Company)			
The enclosed Articles	The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
		•			
5	Samuel Gifford				
(Name of Person)					
(Name of Leison)					
(Firm/Company)					
	457 Sun Lake Cir #303	<u> </u>	_		
(Address)					
	Later March El COTAC				
Lake Mary, FL 32746					
(City/State and Zip Code)					
For further information	n concerning this matter, please of	call:			
Samuel Giffe	Samuel Gifford at ( 321 ) 947-2163				
<del></del>	(Name of Person)	(Area Code & Daytime Telephone Number)			
F 1 1 1 1 1 6 4					
Enclosed is a check for the		7.0			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Statts &			
		(additional copy is enclosed) Certified Copy			
		(additional copy is unclosed)			
		SEE C	_		
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section			
Division of Corporations		Division of Corporations			
409 E. Gaines Street		P.O. Box 6327			
Talla	Tallahassee, Florida 32399 Tallahassee, Florida 32314				

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	
Sgifford2 & Associates, LLC	
2. The date the dissolution was approved: April 1st, 2005	
<ol> <li>A description of the occurrence that resulted in the limited liability compa- section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter</li> </ol>	
Being the sole remaining member, I provide written consent for the dissolution for the	e above limited liability
company, Sgifford2 & Associates, LLC	TALL.
	智易工
	RY O
<ul> <li>4. CHECK ONE:</li> <li>All debts, obligations and liabilities of the limited liability company have l-OR-</li> <li>Adequate provision has been made for the debts, obligations and liabilities</li> </ul>	pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distributed among its member respective rights and interests.</li></ol>	s in accordance with their
<ul> <li>6. CHECK ONE:</li> <li>7. There are no suits pending against the company in any court.         <ul> <li>OR-</li> </ul> </li> <li>Adequate provision has been made for the satisfaction of any judgment, or be entered against it in any pending suit.</li> </ul>	der or decree which may
Signatures of the members having the same percentage of membership inte	rests necessary to approve
Signature Samuel Samuel  Samuel  Samuel	Gifford, mgr

Filing Fee: \$25.00