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TO:

Registration Section

Division	of Corporations		
SUBJECT: Co	opperhead Stable, LLC	;	
		imited Liability Company)
The enclosed Art	icles of Dissolution and fee(s) are su	bmitted for filing.	
Please return all o	correspondence concerning this matte	er to the following:	
ı	Mary Lynn Williams		
-		(Name of Person)	
(Greg A. Betterton, PA		
-		(Firm/Company)	
-	735 E Venice Avenue,	Suite 200	
-		(Address)	
\ -	Venice, FL 34285	y/State and Zip Code)	
	(Cit	y/State and Zip Code)	
For further inform	nation concerning this matter, please	call:	
Mary	Lynn Williams	at (941	488-4422
	(Name of Person)		& Daytime Telephone Number)
Enclosed is a check	for the following amount:		
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is o	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:		ET/COURIER ADDRESS:
	Registration Section Division of Corporations	-	ation Section n of Corporations
	P.O. Box 6327	Clifton	Building
	Tallahassee, FL 32314		kecutive Center Circle ssee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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