

W03000050720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

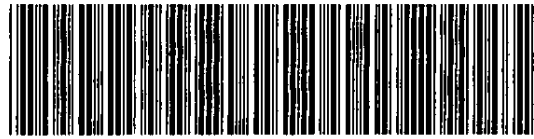
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/10--01042--008 **25.00

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TALLAHASSEE, FLORIDA

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T. CLINE

APR 27 2010

EXAMINER

W03-50720

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patricia Eileen Saylor LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Eileen Saylor
(Name of Person)

(Firm/Company)

8375 Rosalind Avenue
(Address)

Cape Canaveral, FL 32920
(City/State and Zip Code)

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For further information concerning this matter, please call:

P. Eileen Saylor at (321) 591-9292
(Name of Person) (Area Code & 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 enclosed)

\$60.00 Filing Fee,
Certificate of Status &
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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Patricia Eileen Saylor LLC

2. The Articles of Organization were filed on _____ and assigned document number _____

3. The date the dissolution was approved: Apr 23, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

608.441(CC) - All members desire to dissolve and cease operating.
See schedule A, which is attached.

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged -OR-
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.442.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. 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

Printed Name

P. Eileen Saylor

P. Eileen Saylor

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SCHEDULE A

I, Patricia Eileen Saylor, the sole member of Patricia Eileen Saylor, LLC, hereby declare my desire to wind down and dissolve the aforementioned LLC.

STATE OF FLORIDA COUNTY OF BREVARD

Sworn to (or affirmed) and subscribed before me this 23 day of Apr 20 10 by Patricia Eileen Saylor.

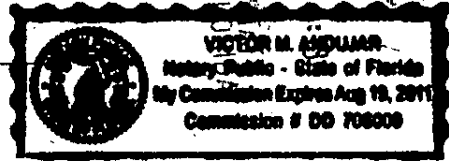
Patricia Eileen Saylor
Signature

PATRICIA EILEEN SAYLOR
Printed Name

Victor M. Andujar
Signature of Notary

(NOTARY SEAL)

Victor M. Andujar
Printed Name of Notary



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Personally Known _____ OR Produced Identification X Type of Identification Produced FL DL