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T. CLINE

MAY 2 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: VISION TITLE OF DELAND, LUC (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:			
Dock Bauce (Name of Person)			
(Name of Person)			
VISION PARTUER GLOWP, INC. (Firm/Company)			
(Firm/Company)			
MAMANO F 31751			
(Address)			
MAMLAND, E. 32751			
(City/State and Zip Code)			
(City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call:			
Oorg BALLE at 407 599-0044 (Name of Person) (Area Code & Daytime Telephone Number)			
Engiosed is a check for the following amount:			
\$25.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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	
VISION TITLE OF DELAND, LO	
2. The Articles of Organization were filed on 1.14.6	and assigned document number
 3. The date the dissolution was approved: MAY 2 4. A description of occurrence that resulted in the limited 608.441. Florida Statutes. (copy 608.441 on back cover 	liability company's dissolution pursuant section letter).
BUSINESS NO LONGER FININCIA	JIY VIABLE. FLORIDA
OR- Adequate provision has been made for the debt 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the company of the	
Signatures of the members having the same percentage of me	embership interests necessary to approve the dissolution:
ignature	Printed Name
Likhartk	Davids W. BARRE