(Requestor's Name)			
(Address) .			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



600154961976

05/01/09--01028--002 **25.00

L. SELLERS

MAY - 4 2009

EXAMINER

Office Use Only

COVER LETTER

	egistration Section vision of Corporations			
SUBJECT:	. Sallye A. Hudson LMT,	LLC		
 -		Limited Liability Company)		
The enclose	ed Articles of Dissolution and fee(s) are so	ubmitted for filing.		
Please retur	rn all correspondence concerning this mat	ter to the following:		
	Sallye A. Hudson			
		(Name of Person)		
	Sallye A. Hudson LMT	, LLC		
		(Firm/Company)		
	10408 Brentford Dr.			
		(Address)		
	Tampa, FL 33626			
	(Ci	ty/State and Zip Code)		
For further i	information concerning this matter, please	e call:		
S	allye A. Hudson	813 857-8288		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a	check for the following amount:			
\$25.00 Fili	ing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, 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

4 3 x '

FILED 09 MAY - I AM 8: 07

SECRETARY OF STATE TALLAHASSEE FLORIDA

	05 0004
2. The Articles of Organization were filed on L04000022934	n 25, 2004 and assigned document number
3. The date the dissolution was approved: April 29,	2009
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter). ecome a sole proprietor instead of an LLC
by agreement of the sole member to be	ecome a sole proprietor instead of an Eco
5. CHECK ONE:	
-OR-	imited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distriburights and interests.	ited among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the composition of the same against the same entered against it in any pending suit.	atisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
Signature	
Sally A Herdson	Sallye A. Hudson
	Sallye A. Hudson
	Sallye A. Hudson

FILING FEE: \$25.00