L04000032628

(Requestor's Name)
(Address)
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(Audress)
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 20, 2005

JOHN STALLINGS P O BOX 88 PORT SALERNO, FL 34992

SUBJECT: ANIMAL ABODES, LLC Ref. Number: L04000032628

We have received your document for ANIMAL ABODES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 405A00003682

2005 FEB - 7 PM 2: 1

TO: Amendment Section **Division of Corporations** 1_040000 32628 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount: ▶\$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed)

TRANSMITTAL LETTER

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Animal Abadés, 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:		
John Stallings (Name of Person)		
(Name of Person)		
(Firm/Company)		
PO Box 88		
Port Salmo FL 34992 (City/State and Zip Code)		
For further information concerning this matter, please call:		
John Stplings at 772 287-3477 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{Certified Copy}\$\$ (additional copy is enclosed)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1.	The name of the limited liability company is Anino of the limited liability company is
2.	The date the dissolution was approved: $\frac{12-31-04}{}$.
3,	A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
_	went out of business.
_	
5.	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. 608.4421. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests. 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.
Si th	gnatures of the members having the same percentage of membership interests necessary to approve e dissolution: Signature Typed or Printed name HIV STALLINGS
_	