

L04000042599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

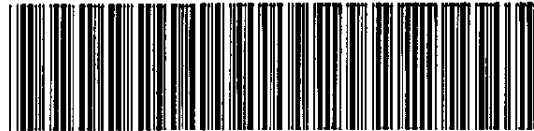
(Business Entity Name)

(Document Number)

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07/05/05--01048--003 \*\*25.00

L07/11/05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUL -5 AM 11:20

FILED

4p

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sleep Restoration, 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:

Linaea Floden  
(Name of Person)

n/a  
(Firm/Company)

621 La Plaza Avenue S  
(Address)

St Petersburg, FL 33707  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Floden  
(Name of Person)

at ( 727 ) 235-3198  
(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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

June 1<sup>st</sup>, 2005

RE: Dissolution of Sleep Restoration, LLC

I hereby give consent and agreement to the dissolution of Sleep Restoration, LLC.

Signed, Dated

 6/1/05

Linnea M Floden, Member

 6/1/05

John C Floden, Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company is

Sleep Restoration, LLC

2. The date the dissolution was approved: 6/1/05

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).

written consent of all members of the company.

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**4. 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. 608.4421.

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

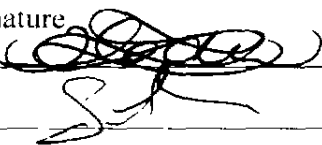
**6. CHECK ONE:**

☒ 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



Typed or Printed name

Linnea Floden  
John FLODEN