

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	IAIL
(Business Entity Name)	<u></u>
(Document Number)	
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10/19/05--01028 -005 **25,00

COVER LETTER

TO: Registration :			
SUBJECT: Te	NAT RESOURCE	ES, LLC imited Liability Company)	
	of Amendment and fee(s) are su	_	
Please return all corres	spondence concerning this matte	r to the following:	
	BRIAN 9	A. RANKIN Name of Person)	
	(Firm/Company)	
_2	900 W. AZEE	ELE ST., UNIT =	<u></u>
	TAMPA, FL	33609 /State and Zip Code)	
	(City)	/State and Zip Code)	
For further information	concerning this matter, please of	all:	
BRIM	V A. RANKIN	at (813) 46 (Area Code & Daytime	9.0236
	(Name of Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for th	e following amount:		7. 33
\$25.00 Filing Fee	•	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ж <i>а</i> га з	ILING ADDRESS:	GTB transcore	DIED ADERDOO!
	stration Section	STREET/COU Registration Sec	
	sion of Corporations	Division of Con	
	Box 6327	Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle			
		Tallahassee, FL	32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	146			
	Polyria	and assig	ned document n	umber
 3. The date the dissolution was approved:	mited liability compa cover letter).		rsuant to section	1
5. CHECK ONE: All debts, obligations and liabilities of the OR- Adequate provision has been made for the Charles of the Charl	e debts, obligations a	nd liabilities pursua	ant to s. 608.442	21.
rights and interests. 7. CHECK ONE: There are no suits pending against the correct of the corr	• •	udgment, order or o	decree which m	ay be
Signatures of the members having the same percentage	of membership intere	sts necessary to app	prove the dissolu	ution:
Signature		Printed Na	me S	4
Duant Tankin	6	KIAN A.	KANKHA	, a
			u E	and a