L04 000063396

(Requestor's Name)			
(Madaesmis Manie)			
(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:			





600049444706

OS APR II PH 12: 20
SECRETARY OF STATE

OS SELL MILL: 02



ACCOUNT NO. : 072100000032

REFERENCE

306434

7287317

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: April 11, 2005

ORDER TIME: 9:45 AM

ORDER NO. : 306434-005

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp

Corban Onesource, Llc

Suite 200

235 3rd Street South

Saint Petersbur, FL 33701

DOMESTIC FILINGS

NAME: ECHELON-SALON LLC

<u> </u>	AKTICLES	OH.	DISSOLUTION	Ų

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT# 2935

EXAMINER'S INITIALS:

SHALL OF THE STATE OF THE STATE

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is		3/2
ECHELON-SALON LLC		
2. The date the dissolution was approved: 4/1/05		J. Tri
3. A description of the occurrence that resulted in the l section 608.441, Florida Statutes, (copy of 608.441)	imited liability company's dissolution pursuar on back of cover letter).	it to
No business conducted.		

 Adequate provision has been made for the debts, ob All remaining property and assets have been distributed respective rights and interests. CHECK ONE: There are no suits pending against the company in a -OR- Adequate provision has been made for the satisfaction be entered against it in any pending suit. Signatures of the members having the same percentage the dissolution: 	uted among its members in accordance with the environment of any judgment, order or decree which ma	eir y
Signature	Typed or Printed name Susan G. Johnson	
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