L04000065118

(Re	equestor's Name)	
(Address)		
(Ad	Idress)	· · · · ·
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000155742130

05/11/09--01024--005 **30.00

FILED
2009 HAY 11 PM 3: 50
SECRETARY OF STATE A
SECRETARY OF STATE A

C. LEWIS

MAY 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: STORMVOGLE, 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:			
LEWIS P. SHELPMAN (Name of Person)			
STORM VOGLE, LLC (Firm/Company)			
1457 WELLINGTON CIRCLE (Address) ROCKLEDGE FLA: 32955 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
LEWIS P. SHELPMAN at (321) 631-0593 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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

FILED

2009 MAY 11 PM 3: 50

1. The name of a limited liability company is STORMYOGLE, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on <u>SEPTEMB</u> .	and assigned document number
3. The date the dissolution was approved: APRIL 30,	2009
4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let	ility company's dissolution pursuant to section ter).
608,44/ (1) (c) UPON THE WRIT	TTEN CONSENT OF ALL
THE MEMBERS OF THE LIMITED LIAB	ILITY COMPANY.
5. CHECK ONE:	
All debts, obligations and liabilities of the limited OR-Adequate provision has been made for the debts, o	bligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributed am rights and interests.	ong its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company in OR- Adequate provision has been made for the satisfact	•
entered against it in any pending suit.	
Signatures of the members having the same percentage of members	ership interests necessary to approve the dissolution:
Signature	Printed Name
Seus P. Shemman	LEWIS P. SHELPMAN
Pi DS -	Kimberly Shelpman
	, ,