L04000080695

(Requestor's Name)			
(Acidress)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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06/10/09--01042--012 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN 1.0 2009

EXAMINER

No #

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Service Solutions LLC (Name of Limited Liability Company)			
(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:			
	Dave Man Kin (Name of Person)		
Dave Man Kin (Name of Person) Service Solutions LLC (Firm/Company)			
145 Jean Dr. (Address)			
Craw for dville FL 32327 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
	Dave Man kin at (850) 251-8479 (Name of Person) (Area Code & Daytime Telephone Number)		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
1 \$25.00 Filing	Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
•	MAILING ADDRESS: STREET/COURIER ADDRESS:		
	Registration Section Registration Section		
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JUN -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 20, 2009

DAVE MANKIN 145 JEAN DR CRAWFORDVILLE, FL 32327

SUBJECT: SERVICE SOLUTIONS, LLC

Ref. Number: L04000080695

We have received your document for SERVICE SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 609A00017186

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUN -9 PM 2: 26

1. The name of a limited liability company is	09 3014 3 111 2 20
Service Solutions	LLC
2. The Articles of Organization were filed on Nove	
3. The date the dissolution was approved: May	5, 2009
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove	liability company's dissolution pursuant to section r letter).
Dissolution of Owner's marri	iage
5. CHECK ONE:	
All debts, obligations and liabilities of the limited OR-Adequate provision has been made for the debts.	ited liability company have been paid or discharged. ots, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributed rights and interests.	d among its members in accordance with their respective
7. CHECK ONE: There are no suits pending against the compan	ur in anu acust
OR-	sfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of me	embership interests necessary to approve the dissolution
Signature	Printed Name
Chafer A. Mari	Charles D. Markin
Lacque are RMenter	Jacqueline R. Mankin