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| questor's Name) | |
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| y/State/Zip/Phone | e #) |
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Special Instructions to Filing Officer:

L. SELLERS

APR -4 2008

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: STETAL & Carace Extended Ses 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: | | | | | |
| ERIC STEIRN | | | | | |
| (Name of Person) | | | | | |
| · | | | | | |
| | | | | | |
| (Firm/Company) | | | | | |
| | | | | | |
| 11740 NW 244 5 | | | | | |
| (Address) | | | | | |
| | | | | | |
| +CANTATION, FL 33323 | | | | | |
| (City/State and Zip Code) | | | | | |
| | | | | | |
| For further information concerning this matter, please call: | | | | | |
| (Name of Person) at (BOS) 495 1436 (Name of Person) (Area Code & Daytime Telephone Number) | | | | | |
| (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 & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 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

2008 APR -3 PM 12: 51

| | _ | | SECRETAR | YOFSTATE |
|--|--|--------------------|---|----------------------------|
| 1. The name of a limited liability compa | | | TALLAHASS | Y OF STATE SEE. FLORIDA |
| STERN AND COUR | ME ENTERPISE | 5,44 | | |
| 2. The Articles of Organization were filed | i on | | and assigned doc | ument number |
| <u> L04000683970</u> | | | | |
| 3. The date the dissolution was approved: 4. A description of occurrence that resulte 608.441, Florida Statutes, (copy 608.44) ALL MEMBERS AGREE TO TO | ed in the limited liability 41 on back cover letter). | | | |
| HAS BEEN TRANSFORZED TO | | | -114(00)-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |
| ITAS ISEEN 1 440SF 642EB 10 | AND HER COPULA | ,04, | | · |
| | 7 | | | * **** |
| | | <u></u> | | |
| 5. CHECK ONE: | | | | |
| All debts, obligations and liabi | ilities of the limited liabi | ility company hav | ve been paid or di | scharged. |
| Adequate provision has been n | nade for the debts, oblig | ations and liabili | ties pursuant to s. | 608.4421. |
| All remaining property and assets have rights and interests. | been distributed among | ; its members in a | ccordance with the | neir respective |
| 7. CHECK ONE: | | | | |
| There are no suits pending aga | inst the company in any | court. | | |
| -OR- Adequate provision has been n | nade for the satisfaction | of any judgment | , order or decree v | which may be |
| entered against it in any pendin | ng suit. | | • | • |
| | | | | |
| Signatures of the members having the same p | percentage of membersh | ip interests neces | sary to approve th | ne dissolution: |
| Strong / | | ľ | Printed Name | |
| Signature | | | | |
| - UNTO | | EZK. | I. STEAN | <u></u> |
| | | | | |
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