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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
a position modification to the	Timing Officer	
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Office Use Only



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C. LEWIS

Jun, 17, 2009

EXAMINER

COVER LETTER:

TO: Amendment Section Division of Corporations		
SUBJECT: ASAB, UC		
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this m	natter to the following:	
Meurence (Name of Contact	Swinn t Person)	
(Firm/Company)		
2230 Etviangle Dr (Address)		
(Address) (City/State and 2)	FC 33779 Zip Code)	
For further information concerning this matter, ple		
Ldeurence Gwinn at (407) 415-7463 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
Certificate of Status Cert (Add	.75 Filing Fee & \$\Bigsquare\ \\$52.50 Filing Fee, ified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



May 15, 2009

LAWRENCE GWINN ASAB, LLC 2230 E TRIANGLE DR. LONGWOOD, FL 32779

SUBJECT: ASAB, LLC

Ref. Number: L04000084343

We have received your document for ASAB, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with 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) 245-6047.

Letter Number: 809A00016637

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

Division of Corporations
SUBJECT: ASAB 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:
Lawrence E. Guinn
(Name of Person)
ASAB UC (Firm/Company)
2230 E Triangle Dr
Longwood FL 32779 (City/State and Zin Code)
(Only Island Life Code)
For further information concerning this matter, please call:
Lowrence E winn at (407) 415 7463 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 JUN 15 PM 1:53

1. The name of a limited liability company is ASA	SECRETARY OF STATE TAULAHASSEE, FLORIDA
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: $6-16-06$	9
4. A description of occurrence that resulted in the limited liability co 608.441, Florida Statutes, (copy 608.441 on back cover letter).	
5. CHECK ONE: All debts, obligations and liabilities of the limited liability OR- Adequate provision has been made for the debts, obligations. 6. All remaining property and assets have been distributed among its	ons and liabilities pursuant to s. 608.4421.
rights and interests. 7. CHECK ONE: There are no suits pending against the company in any co-OR- Adequate provision has been made for the satisfaction of entered against it in any pending suit.	
Signature Signature Wild E. Wille	Printed Name Swinn
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