L05000019538

(Requestor's Name)		
(Address)		
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(Address)		
,		
(City/State/Zip/Phone #)		
		_
PICK-UP	WAIT	MAIL
(Business Entity Name)		
	LOS-1	9538
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	-	
		:

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OB FEB 29 AH 9: 40
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PROMIDEN POSL CARE, NET (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:			
Mort, Mer Person) (Name of Person)			
(Firm/Company)			
1205 SE 46th STREET			
1205 SE 46th STREET (Address) CAPE CORAC FL. 33904 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Mortiner Tiat at (239) 229-5520 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Payment S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2008

MORTIMER R PLATT 2703 CAPE CORAL PARKWAY WEST CAPE CORAL, FL 33914

SUBJECT: PREMIUMPOOLCARE.NET, LLC

Ref. Number: L05000019538

We have received your document for PREMIUMPOOLCARE.NET, 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 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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 008A00010463

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

08 FEB 29 AM 9: 41

SECRETARY OF STATE TALLAHASSEE FLORIDA

1 Th C. 1114.d 11.1.114	IALLAHASSEE FLOF
1. The name of a limited liability company is PREMIUM COCCARS, NET	-110
- TREMINAL COCCARE, LE	
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved:	07
4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let	oility company's dissolution pursuant to section (ter).
BUSINESS WAS SOLD 10	31/07 WITH FULL
AGREEMENT W/ ALL MEMB	DE OF CDEPORATION
5. CHECK ONE:	
All debts, obligations and liabilities of the limited	liability company have been paid or discharged.
OR- Adequate provision has been made for the debts, of	
6. All remaining property and assets have been distributed an	
rights and interests.	9
7. CHECK ONE:	
There are no suits pending against the company in	any court.
OR- Adequate provision has been made for the satisface entered against it in any pending suit.	tion of any judgment, order or decree which may be
,, ,	
Signatures of the members having the same percentage of memb	ership interests necessary to approve the dissolution:
& Signature	Printed Name
MM Py	MORTHER PLATT
	Lynn Corp
- J	myret Cory
	<u> </u>
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