# L05000020169

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

A. LUNT

APR 2 3 2009

**EXAMINER** 

Office Use Only



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02/23/09--01029--007 \*\*35.00

2009 APR 22 PH 2: 08
SECRETARY OF STATE
TALL AHASSEE, FLORID.

FILED



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2009

K.L.I. 910 MEMORIAL BLVD. LAKELAND, FL 33801

SUBJECT: SNOWBIRDS INN, LLC

Ref. Number: L05000020169

2009 APR 22 PM 2: 08
SECRETARY OF STATE
SECRETARY OF STATE

We have received your document for SNOWBIRDS INN, 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) 245-6094.

Letter Number: 109A00006961

Agnes Lunt Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Swowbirds INN LLC
SUBJECT:
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ving C. Chiang (Name of Person)  Kingston Lakeside Tan (Firm/Company)
(Name of Person)
Kingston Lakeside INN
(Firm/Company)
910 E. MEMORIAL Blud. (Address)
Lake land FL 33801 (City/State and Zip Code)
(City, Callo and Tap Callo,
For further information concerning this matter, please call:
Fern Jacome at (407) 936 4480 (Area Code & Daytime Telephone Number)
( man course of manager)
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

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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

1. The name of a limited liability company is	SNOW 6	inds	INN	210
2. The Articles of Organization were filed on	28-200	<b>5</b> and	assigned docun	nent number
3. The date the dissolution was approved:	01-200	9		
4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back	nited liability comi		on pursuant to s	ection
Done Using IT.	*** *** ***		LLAK LLAK	09 APR
			AR ASS	22 r
			E Q	<u> </u>
5. CHECK ONE:  All debts, obligations and liabilities of the	e limited liability c	ompany have b	CORNER Cen paid o	har <b>ge</b> d.
Adequate provision has been made for the	•		•	
<ol> <li>All remaining property and assets have been distri- rights and interests.</li> </ol>	ibuted among its m	embers in acco	rdance with thei	r respective
7. CHECK ONE:				
There are no suits pending against the con	mpany in any court	1.		
Adequate provision has been made for the entered against it in any pending suit.	e satisfaction of an	y judgment, ord	ler or decree wh	ich may be
Signatures of the members having the same percentage	of membership into	erests necessary	to approve the	dissolution:
Signature	G	)	ted Name	NANG
	<del></del>			