L05000042930

| (Re | equestor's Name) | |
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| (Address) | | |
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| (Ci | ty/State/Zip/Phon | e #) |
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| PICK-UP | WAIT | MAIL |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JAN 3 0 2009

EXAMINER

· COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Sum Of It All, LLC | | |
| | ed Liability Company) | |
| | | |
| The enclosed Articles of Dissolution and fee(s) are submit | ted for filing. | |
| Please return all correspondence concerning this matter to | the following: | |
| Paul D. Caswell, III | | |
| (Nar | ne of Person) | |
| | | |
| (Fin | m/Company) | |
| 544 Home Grove Drive | | |
| | Address) | |
| Winter Garden, FL 3478 | | |
| (City/Sta | ute and Zip Code) | |
| For further information concerning this matter, please call | : | |
| Paul D. Caswell, III | at (407) 929-7358 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAILING ADDRESS: | STREET/COURIER ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | Clifton Building 2661 Executive Center Circle | |
| Tallahassee, FL 32314 | Tallahassee, FL 32301 | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JAN 29 PM 12: 01

| The name of a limited liability company is Sum Of It All, LLC | | |
|---|---|--|
| 2. The Articles of Organization were filed on April 2 L05000042930 | and assigned document number | |
| 3. The date the dissolution was approved: Decemb | per 31, 2008 | |
| 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). (c) Upon the written consent of its members. | | |
| | | |
| 5. CHECK ONE: | | |
| All debts, obligations and liabilities of the l | imited liability company have been paid or discharged. | |
| | lebts, obligations and liabilities pursuant to s. 608.4421. | |
| All remaining property and assets have been distributing this and interests. | ated among its members in accordance with their respective | |
| 7. CHECK ONE: | | |
| There are no suits pending against the comp | pany in any court. | |
| | atisfaction of any judgment, order or decree which may be | |
| Signatures of the members having the same percentage of | membership interests necessary to approve the dissolution: | |
| Signature | Printed Name | |
| taul of Casuella | Paul D. Caswell, III | |
| | | |
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FILING FEE: \$25.00