## 10500046212

| (Requestor's Name)                      |  |  |  |  |  |
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| (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: |  |  |  |  |  |
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Office Use Only



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DIVISION OF CORPORATION
OF CORPORATION
AND MAY -5 AM 11: 02

G. MCLEOD

MAY - 6 2008

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corpor |   |   |                            |                                      |   |  |
|---|---|---|----------------------------|--------------------------------------|---|--|
| SUBJECT: SHE INV                            | /ESTMENTS, LL   | С   |                            |                                      |   |  |
| . (Name of Limited Liability Company)       |   |   |                            |                                      |   |  |
|   |   |   |                            |                                      |   |  |
| The enclosed Articles of Di                 | ssolution and fee(s) are sub  | mitted for filing.                            |                            |                                      |   |  |
| Please return all correspond                | ence concerning this matter   | r to the following:                           |                            |                                      |   |  |
| RON V                                       | /. MOHR   |   |                            |                                      |   |  |
| (Name of Person)                            |   |   |                            |                                      |   |  |
|   |   |   |                            |                                      |   |  |
|   | (   | Firm/Company)                                 |                            |                                      | ·   |  |
| 611 WILDFLOWER ST.                          |   |   |                            |                                      |   |  |
|   |   | (Address)                                     |                            |                                      |   |  |
| MERRITT ISLAND, FL 32953                    |   |   |                            |                                      |   |  |
| ·   | (City   | State and Zip Code                            | )                          |                                      |   |  |
| For further information con-                | cerning this matter, please c   | call:   |                            |                                      |   |  |
| RON V. MC                                   | )HR   | at ( 32                                       | .1 <u>.</u> 4              | 155163                               | 30  |  |
|   | Name of Person)   |   | rea Code & I               | Daytime Te                           | lephone Number)   |  |
| Enclosed is a check for the foll            | owing amount:   |   |                            |                                      |   |  |
| \$25.00 Filing Fee                          | 30.00 Filing Fee &<br>Certificate of Status                               | \$55.00 Filing<br>Certified Co<br>(additional |                            |                                      | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| Registra  Division P.O. Box                 | NG ADDRESS:<br>tion Section<br>of Corporations<br>x 6327<br>see, FL 32314 | R<br>D<br>C                                   | Registration of Clifton Bu | on Section<br>of Corporal<br>cilding |   |  |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

..

FIN# 522458700

| 1. The name of a limited liability company is   |   |
|---|---|
| SHE INVESTMENTS, I  | LLC   |
| •   | -6-05 and assigned document number  |
| 3. The date the dissolution was approved: 4-25-   |   |
| 4. A description of occurrence that resulted in the limited li- 608.441, Florida Statutes, (copy 608.441 on back cover l  THE COMPANY GENERATED | etter).  No Business, Product   |
| NEVER WAS DEVELOPED.  |   |
| OR-   | d liability company have been paid or discharged.   |
| Adequate provision has been made for the debts.  6. All remaining property and assets have been distributed a rights and interests.             | obligations and liabilities pursuant to s. 608.4421.  among its members in accordance with their respective |
| 7. CHECK ONE:   |   |
| There are no suits pending against the company  | in any court  |
| OR-   | action of any judgment, order or decree which may be  |
| ignatures of the members having the same percentage of mem  | abership interests necessary to approve the dissolution:  |
| Signaturo   | Printed Name  |
| Low Hoh   | RONV. MOHR  |
|   | N N N N N N N N N N N N N N N N N N N   |
|   | OR MAY -5   |
|   | <u></u>   |
|   | AMII: 02  |
| <del></del>   | AM II: 02   |
|   | <b>\times</b>   |