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r the following amount:			14 UNIS
(Name of Person)		Telephone Number)	一点疆
TRACI CRAIG	at (800) 706-4	1741	平
ion concerning this matter, please c	all:		SECRETARY OF STATE STORY OF CORPORATION OF CORPORAT
(Oily)	Suite and Dip Code)		SIGHT SIGHT
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L/ENIT 1444.0	`		احمده
20819 72ND AVE		110	
		PLLC	
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respondence concerning this matter	to the following:		
es of Amendment and fee(s) are sub	omitted for filing.		
7964 LAKE	EWOOD COVE, LLC		
n Section f Corporations			·
	7964 LAKE (Name of Lines of Amendment and fee(s) are subtrespondence concerning this matter. TRA ANDERSON BUSI ANDERSON BUSI EXAMPLE AND AVEI EXAMPLE AND AVEI AND EXAMPLE AND AVEI (City, 100 concerning this matter, please of TRACI CRAIG (Name of Person) The following amount: \$30.00 Filing Fee &	TRACI CRAIG (City/State and Zip Code) KENT, WASHINGTON 98032 (City/State and Zip Code) TRACI CRAIG (Name of Person) TRACI CRAIG (Name of Person) ANDERSON BUSINESS ADVISORS, F (Firm/Company) 20819 72ND AVENUE SOUTH, SUITE (Address) KENT, WASHINGTON 98032 (City/State and Zip Code) ion concerning this matter, please call: TRACI CRAIG (Name of Person) The following amount: \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate Of Status	TRACI CRAIG (Name of Limited Liability Company) es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: TRACI CRAIG (Name of Person) ANDERSON BUSINESS ADVISORS, PLLC (Firm/Company) 20819 72ND AVENUE SOUTH, SUITE 110 (Address) KENT, WASHINGTON 98032 (City/State and Zip Code) ion concerning this matter, please call: TRACI CRAIG (Name of Person) at (800) 706-4741 (Area Code & Daytime Telephone Number) r the following amount: \$\Begin{array} \text{\$\sum{\$30.00\$ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \text{\$\sum{\$\sum{\$\$}\sum{\$\sum{\$\$}\sum{\$\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\$}\sum{\$\sum{\$\$}

MAILING ADDRESS:

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

16.6	NE 0. 0005	
2. The Articles of Organization were filed onJU	NE 8, 2005	and assigned document numb
3. The date the dissolution was approved: 8/9/2006		·
 A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover 	liability company's letter).	dissolution pursuant to section
NO BUSINESS TRANSACTED.		
5. CHECK ONE:		
All debts, obligations and liabilities of the limi	ted liability compan	y have been paid or discharged.
-OR- Adequate provision has been made for the debt	ts, obligations and li	abilities pursuant to s. 608.4421.
All remaining property and assets have been distributed rights and interests.	l among its member	s in accordance with their respecti
7. CHECK ONE:		. 23
There are no suits pending against the companion of the satisfactor of	y in any court.)G A
entered against it in any pending suit.	sfaction of any judg	ment, order or decree which m
natures of the members having the same percentage of me	embership interests i	necessary to approve the dissolution
natures of the members having the same percentage of me	embership interests i	necessary to approve the dissolution Printed Name
	RC	Printed Name
	RC	Printed Name DBERT ABRAHAM