## L05000057297

(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				
LO5-57 <b>2</b> 97 Dist.				

Office Use Only



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12/19/05--01032--009 \*\*25.00

SECRED OF STATE
TALL AHVESSEE, FLORIDA

## **COVER LETTER**

	on Section of Corporations	<u></u> <u> </u>			
SUBJECT:	LIFE PI	AN SYSTEMS, LLC			
(Name of Limited Liability Company)					
The enclosed Artic	cles of Amendment and fee(s) are sui	omitted for filing.			
Please return all correspondence concerning this matter to the following:					
	NANCY CAGEN				
(Name of Person)					
LIFE PLAN SYSTEMS, LLC (Firm/Company)					
(- mil company)					
_	39 W JORDAN ST				
	(Address)				
BREVARD NC 28712					
(City/State and Zip Code)					
For further informa	ation concerning this matter, please o	all:			
NAMES ALONG					
NAL NAL	NCY CAGEN (Name of Person)	at ( 828-885-710 (Area Code & Daytime			
	, ,	(			
Enclosed is a check i	for the following amount:				
KX \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
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			

APPROVED AND FILED

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

**3** 

05 DEC 19 PM 3:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. The name of a limited liability company is		TALLAHASSEE, FLUHIUA
LIFE PLAN SYSTEMS, LLC		·
2. The Articles of Organization were filed on	06/09/2005	and assigned document numbe
3. The date the dissolution was approved:12/01/0		-
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dis er letter).	solution pursuant to section
No activity in Florida LLC	· · · · · · · · · · · · · · · · · · ·	
5. CHECK ONE:		
All debts, obligations and liabilities of the lir	nited liability company h	ave been paid or discharged.
Adequate provision has been made for the de	bts, obligations and liabi	lities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distribut rights and interests.</li></ol>	ed among its members in	accordance with their respective
7. CHECK ONE:		
There are no suits pending against the compa	-	
Adequate provision has been made for the sa entered against it in any pending suit.	tisfaction of any judgmen	nt, order or decree which may be
gnatures of the members having the same percentage of r	nembership interests nece	essary to approve the dissolution
Signature		Printed Name
	STEV	EN F CAGEN
A goon	NANC	Y CAGEN
		~
	<u> </u>	