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(Requestor's Name)		
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(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CONTRACTOR'S REFERRAL SERVICE, LLG (Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
DAVID L. CASS (Name of Person) NONE (Firm/Company)			
NONE			
5103 BURNSIDE CT.			
SIOB BURNSIDE CT. (Address) TAMPA, FLORIDA 33624 (City/State and Zip Code)			
For further information concerning this matter, please call:			
DAVID L. CASS at (813) 969-0830 (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 & \$60.00 Filing Fee, Certificate Opy (additional copy is enclosed) Certificate of Status & Certificate Opy (additional copy is enclosed)			
MAILING ADDRESS: STREET/COURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FULED

08 FEB -8 AH 10: 11

1. The name of a limited liability company is CONTRACTOR'S REP	ERRAL SEA	SECRETARY OF STATE
2. The Articles of Organization were filed on	VNE 30,2005	and assigned document number
3. The date the dissolution was approved:	ARCH 19, Z	<u>0</u> 07
4. A description of occurrence that resulted in the l 608.441, Florida Statutes, (copy 608.441 on bac	cover letter).	
5. CHECK ONE:		
All debts, obligations and liabilities of to OR- Adequate provision has been made for t	, ,	
6. All remaining property and assets have been dis-		•
rights and interests. 7. CHECK ONE:		
There are no suits pending against the c	ompany in any court.	
-OR- Adequate provision has been made for t entered against it in any pending suit.	ne satisfaction of any judgmen	nt, order or decree which may be
Signatures of the members having the same percentage	of membership interests necessity	essary to approve the dissolution:
Signature		Printed Name
Navel L. Casa	DAVI	L. CASS
		

FILING FEE: \$25.00