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| (Requestor's Name) | |
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| (City/State/Zip/Phone # | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

T. CLINE

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EXAMINER

COVER LETTER

| TO: Registration S Division of C | | | | |
|-----------------------------------|--|---|--|----------|
| SUBJECT: | 9AJA DO | ·LLC | | |
| SUBJECT: | (Name of I | | | |
| | | | | |
| The enclosed Articles | of Dissolution and fee(s) are su | bmitted for filing. | | |
| Please return all corres | spondence concerning this matt | er to the following: | | |
| | Judy o | (Name of Person) Realty (Firm/Company) | | |
| | _ | (Name of Person) | | |
| | COASTE | (Firm/Company) | | |
| | | | | |
| | 371 | (Address) | 2008 TALL | |
| | St. A | (Address) (Address) u quotine, F(3) y/State and Zip Code) | CRETAR LAHASS | 1477 |
| | (Cit | y/State and Zip Code) | ARY SSE | 7 pt 7 l |
| For further information | n concerning this matter, please | | 2008 FEB 25 PM 12: 49 SECRETARY OF STATE TALLAHASSEE, FLORID | i " |
| | Judy allique D (Name of Person) | at (904) 4 - | 71-911/ 5rn to | |
| Enclosed is a check for the | ne following amount: | | | |
| \$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) | |
| | ILING ADDRESS: | STREET/COU | RIER 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

| LLC |
|--|
| /29105 and assigned document number |
| diability company's dissolution pursuant to section er letter). |
| |
| bts, obligations and liabilities pursuant to s. 608,44213 ed among its members in accordance with their respective to the second |
| Printed Name. Printed Name. Judy Q//1 9007 Gany Q//1 9007 Donna Kelley |
| |