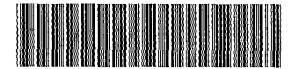
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Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  STREET/COURIER ADDRESS:	TO: Registration Section Division of Corporations			
(Name of Limited Liability Company)  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    JACALYN W. HARRIS	CURRECT: TH INVESTMENTS	TAC		
Please return all correspondence concerning this matter to the following:    JACALYN W. HARRIS			- <del> </del>	
Please return all correspondence concerning this matter to the following:    JACALYN W. HARRIS	•			
JACALYN W. HARRIS (Name of Person)    CFirm/Contpany)	The enclosed Articles of Amendment and fee(s) are	submitted for filing.		
(Name of Person)  (Firm/Contpany)  653 SPRINGDALE CIRCLE (Address)  PAIM SPRINGS. FLORIDA 33461 (City/State and Zip Code)  For further information concerning this matter, please call:  1ACALYN W. HARRIS (Name of Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$ \$25.00 Filing Fee \text{Certificate of Status} Certificate of Sta	Please return all correspondence concerning this made	tter to the following:		
For further information concerning this matter, please call:    JACAI.YN W. HARRIS	JACALYN W. HARRI		<del></del>	
PALM SPRINGS. FLORIDA 33461 (City/State and Zip Code)  For further information concerning this matter, please call:  JACALYN W. HARRIS at ( 561 ) 367-0596 (Name of Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  Securificate of Status Certified Copy (additional copy is enclosed)  MAILING ADDRESS: STREET/COURIER ADDRESS:	<del></del>	(Firm/Company)	<del></del>	
PALM SPRINGS. FLORIDA 33461 (City/State and Zip Code)  For further information concerning this matter, please call:  JACAI.YN W. HARRIS (Name of Person)  Enclosed is a check for the following amount:  Securificate of Status  Certificate of Status  Certificate of Status  MAILING ADDRESS:  STREET/COURIER ADDRESS:	653 SPRINGDALE (	TRCLE		
(City/State and Zip Code)  For further information concerning this matter, please call:    JACALYN W. HARRIS	OJO DI KUNODILII	<del></del>		
JACAT.YN W. HARRIS   at ( 561 ) 367-0596     (Area Code & Daytime Telephone Number)    Enclosed is a check for the following amount:   S25.00 Filing Fee   \$30.00 Filing Fee &   \$60.00 Filing Fee, Certificate of Status & Certificate Opy (additional copy is enclosed)    MAILING ADDRESS:   STREET/COURIER ADDRESS:			······································	
(Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  [X] \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  STREET/COURIER ADDRESS:	For further information concerning this matter, pleas	se call:		
(Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (X) \$25.00 Filing Fee	JACALYN W. HARRIS	at ( 561 ) 367-0	596	
\$30.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ MAILING ADDRESS: STREET/COURIER ADDRESS:				
Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  STREET/COURIER ADDRESS:	Enclosed is a check for the following amount:			
		Certified Copy	Certificate of Status & Certified Copy	
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· ·	Registration Section	Registration Section		
P.O. Box 6327 Division of Corporations  Clifton Building	Division of Corporations  P.O. Boy 6327  Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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1. The name of a limited liability company is  TJL INVESTMENTS, LL	c	TALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on JULY L05000069714	15, 2005	and assigned document number
3. The date the dissolution was approved: FEBRU	ARY 07. 2006	
4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back	nited liability com cover letter).	pany's dissolution pursuant to section
AGREEMENT BY PARTNERS TO DISSOLVE		
5. CHECK ONE:		
X All debts, obligations and liabilities of the -OR-	e limited liability o	company have been paid or discharged.
Adequate provision has been made for the	e debts, obligation	s and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distri- rights and interests.</li></ol>	buted among its n	nembers in accordance with their respective
7. CHECK ONE:		
There are no suits pending against the cor- OR-	mpany in any cour	1.
	e satisfaction of ar	y judgment, order or decree which may be
gnatures of the members having the same percentage	of membership int	erests necessary to approve the dissolution:
Signature		Printed Name
ay so		ACALYN W. HARRIS
		EETAL WOLDER
Jaunt M. Lacharu	<u>L</u> ,	AURETTE M. LACHANCE
·		
	<u> </u>	