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| (Re | equestor's Name) | | | |
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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | Certificates | of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

| то: | Registration Sec | | | | _ |
|--|------------------------|---------------------------------|--|--|--------------|
| | Division of Corp | porations | | | |
| SUBJECT: ALL E | | | BULBS LLC | | - |
| | | (Name of L | imited Liability Company) | | \$ to |
| The end | closed Articles of | Dissolution and fee(s) are subr | nitted for filing. | | |
| Please 1 | return all correspo | ndence concerning this matter | to the following: | | |
| | | JOYC | E JOHNSTON | | |
| | - | (| Name of Person) | | 4 |
| | | ALL | BULBS LLC | | |
| | | | (Firm/Company) | | |
| 3701 WEBBER STREET | | | | | |
| | | | (Address) | | - |
| | | SVBVS | TA ELORIDA 34232-4438 | | |
| SARASOTA, FLORIDA 34232-4438 (City/State and Zip Code) | | | | | |
| | | | | | |
| For furt | her information c | oncerning this matter, please c | all: | | |
| | | - | | | |
| | DON E. ROBE | RTS, ENROLLED AGENT | at (941) 955-862 (Area Code & Daytime | 26 | ····- |
| | | (Name of Person) | (Area Code & Daytime | Telephone Number) | |
| Englass | d is a check for the t | following amount: | | | |
| | 00 Filing Fee | \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | ☐ \$60.00 Filing Fee, | |
| 023.0 | o rinig ree | Certificate of Status | Certified Copy (additional copy is enclosed) | Certified Copy (additional copy is enclosed) | |
| | | | | | |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street | | | MAILING ADDRI Registration Section | | |
| | | n of Corporations | Division of Corpora P.O. Box 6327 | | |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

| 1. The name of the limited liability company is | |
|---|---|
| ALL | BULBS LLC |
| 2. The date the dissolution was approved: JULY 3 | 31, 2005 |
| 3. A description of the occurrence that resulted i section 608.441, Florida Statutes, (copy of 60 | n the limited liability company's dissolution pursuant to 8.441 on back of cover letter). |
| NOT ENOUGH DEMAND FOR PRODUCT OR SER | IVICES SE OFFICE |
| | P GAR |
| | POR A |
| | 5 do |
| -OR- | nited liability company have been paid or discharged. |
| 5. All remaining property and assets have been or respective rights and interests. | distributed among its members in accordance with their |
| 6. CHECK ONE:☑ There are no suits pending against the compar-OR- | |
| Adequate provision has been made for the sat be entered against it in any pending suit. | isfaction of any judgment, order or decree which may |
| Signatures of the members having the same per the dissolution: | rcentage of membership interests necessary to approve |
| Signature | Typed or Printed name |
| Joyce Johnston | JOYCE JOHNSTON |
| | |
| | |

Filing Fee: \$25.00