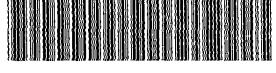
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(Requestor's Name)					
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SECRLIASSEE, FLORIDA

N. Culligen DEC 1 4 2005

COVER LETTER

	Registratio Division of	n Section f Corporations	*				
SUBJECT: _ EC CABINETS DESIGN OF CENTRAL FLORIDA, LLC							
(Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please re	turn all co	rrespondence concerning this	matter to the followi	ng:			
MARIA L. ARANGO							
(Name of Person)							
EC CABINETS DESIGN OF CENTRAL FLORIDA, LLC							
	(Firm/Company)						
637 OAKVIEW STREET							
(Address)							
		ል፤ ጥል ህ ብህም፱፫ ሮሽ	DINCC FIADIN	A 22716			
ALTAMONTE SPRINGS, FLORIDA 32714 (City/State and Zip Code)							
							
For further information concerning this matter, please call:							
	MARIA	(Name of Person)	at_(_	407) 467-30 (Area Code & Daytime	725 Telephone Number		
		(Name of Person)		(Alea Code & Dayanie	Telephone Rumoti)		
Enclosed	l is a check	for the following amount:					
\$25.0	0 Filing Fee	e S30.00 Filing Fee Certificate of St	atus Certif	Filing Fee & ied Copy ional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)		
MAILING ADDRESS:		:		RIER ADDRESS:			
Registration Section Division of Corporations			s	Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			-	Clifton Building 2661 Executive Center Circle			
			Tallahassee, FL 32301				



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 14, 2005

MARIA L. ARANGO 637 OAKVIEW STREET ALTAMONTE SPRINGS, FL 32714

SUBJECT: EC CABINETS DESIGN OF CENTRAL FLORIDA, LLC

Ref. Number: L05000080109

We have received your document for EC CABINETS DESIGN OF CENTRAL FLORIDA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to complete the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 505A00067409

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is		
EC CABINETS DESIGN OF CENTRAL	FLORIDA, LLC	
2. The Articles of Organization were filed on	08/11/2005	and assigned document number
1.05000080109		
$\sqrt{3}$. The date the dissolution was approved:	08/08/2005	
A. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on by	e limited liability company	s dissolution pursuant to section
PARTNERS DO NOT WANT TO CONTIN	WE WITH THE BUSINES	58.
		-
S. CHECK ONE:		
All debts, obligations and liabilities o	f the limited liability compa	any have been paid or discharged.
-OR- Adequate provision has been made for	or the debts, obligations and	liabilities pursuant to s. 608.4421.
 All remaining property and assets have been d rights and interests. 	listributed among its memb	ers in accordance with their respective
√7. CHECK ONE:		
There are no suits pending against the	company in any court.	
OR- Adequate provision has been made for entered against it in any pending suit.	or the satisfaction of any jud	Igment, order or decree which may be
Signatures of the members having the same percent	age of membership interest	s necessary to approve the dissolution:
Signature		Printed Name
Famtle I	CARDOI	NA EDINSON, MAIN MANAGER
Korong	ARANGO	, MARIA L., MANAGER
		05 SEC TAL
	. —————————————————————————————————————	AAL DEC
		
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F	TLING FEE: \$25.00	골A ~