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SECRETARY OF STATE
DIVISION OF CORPORATIONS

: COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LAM PROBATE RESOURCES LLC (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:			
Michael J. Kaveak (Name of Person)			
(Firm/Company)			
7541 SOMERSET SHORES CT.			
ORLANDO, FL 32819 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Michael J. Kaucak at (407) 370 - 4987 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee}			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is		
L+M PROBATE RESOURCE	es LLC	·
2. The Articles of Organization were filed on $9-20-2$	005 and assigned	i document number
L05000092622.		
3. The date the dissolution was approved: $2-24-20$	<u>07</u> .	
4. A description of occurrence that resulted in the limited liability 608.441, Florida Statutes, (copy 608.441 on back cover letter).	company's dissolution pursu	ant to section
THE WRITTEN CONSENT	OF ALL THE MI	EMBERS
OF THE LLC.		

5. CHECK ONE:		
All debts, obligations and liabilities of the limited liab OR- Adequate provision has been made for the debts, oblig	•	_
 All remaining property and assets have been distributed among rights and interests. 	its members in accordance w	ith their respective
7. CHECK ONE:		
There are no suits pending against the company in any	court.	
OR- Adequate provision has been made for the satisfaction entered against it in any pending suit.	of any judgment, order or dec	cree which may be
gnatures of the members having the same percentage of membersh	ip interests necessary to appro	ove the dissolution:
Signature	Printed Name	e
Milael Ja Carah	MICHAEL J.	KAVCAK
Elizabeth Q. Karrak	Elizabeth A	KavcaK
		SECONISION OF FI
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		- 1 S
FILING FEE: \$25	5.00	OF STA
FILING FEE: \$2	5.00	