# 10500095689

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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07 FEB 23 AH 10: 18 SECRETARY OF STATE FALLAHASSEF FLORID

## **COVER LETTER**

	stration Section sion of Corporations	
SUBJECT: 1	New Smyrna Antique Mall LLC	<del></del>
	(Name of Limited Liability Company)	
	Articles of Dissolution and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:	
	Sandra K Dennison	
	(Name of Person)	
	New Smyrna Antique Mall LLC	
	(Firm/Company)	07
	419 Canal Street	07 FEB 23
	(Address)	
	New Smyrna Beach, FI 32168	3
	(City/State and Zip Code)	M 10: 18
For further info	formation concerning this matter, please call:	<u> </u>
San	ndra K Dennison at ( 386 ) 423-8775 or 690-0	D <b>6</b> 7
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a che	neck for the following amount:	
\$25.00 Filing	See 230.00 Filing Fee. & S55.00 Filing Fee. & S60.00 Filing Fee. & Certificate of Status (Certified Copy (Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)	

#### **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

# 12 jus

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

0/04/6	20
2. The Articles of Organization were filed on 2/24/0 L05000095689	and assigned document numbe
3. The date the dissolution was approved: 1/01/07	<u> </u>
<ol> <li>A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co</li> </ol>	ted liability company's dissolution pursuant to section over letter).
Retirement by the owner	
	97 F
5. CHECK ONE:	ARE EB
All debts, obligations and liabilities of the Il	imited liability company have (been paid or discharged).
-OR-	lebts, obligations and fliabilities pursuant to \$1608.4421.
	ited among its members in accordance with their respective
rights and interests.	and among its memoers in accordance with mear respective
7. CHECK ONE:	~
There are no suits pending against the comp	pany in any court.
OR-	any in any court.  atisfaction of any judgment, order or decree which may be
Adequate provision has been made for the sentered against it in any pending suit.	
Adequate provision has been made for the sentered against it in any pending suit.	atisfaction of any judgment, order or decree which may be
Adequate provision has been made for the sentered against it in any pending suit,	atisfaction of any judgment, order or decree which may be membership interests necessary to approve the dissolution
Adequate provision has been made for the sentered against it in any pending suit.  natures of the members having the same percentage of Signature	atisfaction of any judgment, order or decree which may be membership interests necessary to approve the dissolution  Printed Name
Adequate provision has been made for the sentered against it in any pending suit.  natures of the members having the same percentage of Signature	atisfaction of any judgment, order or decree which may be membership interests necessary to approve the dissolution  Printed Name
Adequate provision has been made for the sentered against it in any pending suit.  natures of the members having the same percentage of Signature	atisfaction of any judgment, order or decree which may be membership interests necessary to approve the dissolution Printed Name
Adequate provision has been made for the sentered against it in any pending suit.  natures of the members having the same percentage of Signature	atisfaction of any judgment, order or decree which may be membership interests necessary to approve the dissolution.  Printed Name

FILING FEE: \$25.00