## LD5000999568

(Re	equestor's Name)							
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(City/State/Zip/Phone #)								
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(Bu	ısiness Entity Nam	e)						
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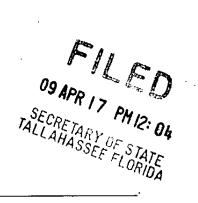
TO:		stration Se sion of Co		s				
SUBJE	CT:	P.B.	Fox	Enterpris	ses LLC.			
(Name of Limited Liability Company)								
				tion and fee(s) are				
		Ratri	.cia 1	B. Fox				
				- <del></del>	(Name of Pers	son)		
	P.B. Fox Enterprises LLC.							
	(Firm/Company)							
		2987	Mead	ow Wood Di				
				005	(Address)			
		Clear	wate	r, FL 3376	b L (City/State and Zi	p Code)	<del></del>	
For furt	her int	formation	concerni	ng this matter, ple		,		
Patricia B. Fox			at	727-785-966	54			
			(Name	of Person)		(Area Code & Dayti	me Telephone Number)	
Enclosec X \$25.00		neck for the	]3	g amount: 0.00 Filing Fee & Certificate of Status	Cert	0 Filing Fee & ified Copy litional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				STREET/CO Registration S Division of Co Clifton Buildi	orporations			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



TE FLO
05 and assigned document number
·
iability company's dissolution pursuant to section letter).
me has no need for LLC and its
ed liability company have been paid or discharged.  s, obligations and liabilities pursuant to s. 608.4421.  among its members in accordance with their respective  in any court.  faction of any judgment, order or decree which may be  mbership interests necessary to approve the dissolution:
Printed Name
Patricia B. Fox