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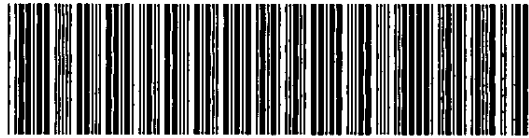
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/21/07--01002--002 \*\*25.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stihife Visions L.L.C.  
(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:

Jeffrey Abad  
(Name of Person)

(Firm/Company)

1880 N.E. 181<sup>st</sup>  
(Address)

N. Miami Beach FL. 33162  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jeff Abad  
(Name of Person)

at (786) 797-5374  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional 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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2007

JEFFREY ABAD  
1880 N.E. 181ST  
N. MIAMI BEACH, FL 33162

SUBJECT: STILIFE VISIONS L.L.C.  
Ref. Number: L05000107430

We have received your document for STILIFE VISIONS L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 007A00039106

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

StiLife Visions LLC.

2. The Articles of Organization were filed on Nov. 3 2005 and assigned document number

205000107430

3. The date the dissolution was approved: MARCH 25 2007

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

COMPANY WENT OUT OF BUSINESS. DUE  
HIGH GAS PRICES, DROP SHIPPING IN  
THROUGH FEDEx & UPS HAS BECOME TO  
COSTLY. THE COMPANY HAS GONE OUT OF BUSINESS.  
THANK YOU FOR YOUR UNDERSTANDING.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

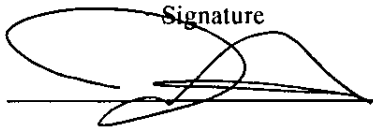
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name

JEFFREY ABAO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_