	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
•		
	(Business Entity Name)	
	(Document Number)	······································
Certified Copies	Certificates of Stat	us
Special Instruction	s to Eiling Officer	

L. SELLERS

OCT 232008

**EXAMINER** 

Office Use Only



100136087721

09/29/08--01013--004 \*\*25.00

## **COVER LETTER**

TQ: Registration Section Division of Corporations			
SUBJECT: Making Memones Chud Care 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:			
Melissa Diez (Name of Person)			
Making Memories Child Care, L.L.C. (Firm/Company)			
500 Haverhill Lane (Address)			
Safety Harbur FL 34695 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Melissa Duz at (727) 475-0283  (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & Service Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			



September 30, 2008

MELISSA DIEZ 500 HAVERHILL LANE SAFETY HARBOR, FL 34695

SUBJECT: MAKING MEMORIES CHILD CARE, LLC

Ref. Number: L05000112419

We have received your document for MAKING MEMORIES CHILD CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6967.

Letter Number: 208A00052095

Leslie Sellers Regulatory Specialist II

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANÝ

FILED 08 OCT 22 AM 8: 14

SECRETARY HE STATE

1. The name of a limited liability company is	TALLAHASSEE FLORIDA
<u> </u>	uacure L.L.L.
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved:NOVEN	nber 21, 2007
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section over letter).
5. CHECK ONE:	
OR-	imited liability company have been paid or discharged.  lebts, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have been distributing rights and interests.</li> </ol>	ated among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the composite of the sentered against it in any pending suit.	pany in any court.  atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
Jamie Capa	Denise Capri
Melina Riez	<u>Melissa Diez</u>