# 105000116198

| (Re                                     | questor's Name)     |           |
|---|---------------------|-----------|
| (Address)                               |                     |           |
| (Ad                                     | dress)              |           |
| (Ci                                     | ty/State/Zip/Phone  | 46        |
| , (CII                                  | iy/State/Zip/Prione | ; #/)     |
| PICK-UP                                 | WAIT                | MAIL      |
| (Bu                                     | siness Entity Nam   | ne)       |
| (1)                                     |                     |           |
| (DC                                     | ocument Number)     |           |
| Certified Copies                        | _ Certificates      | of Status |
| Special Instructions to Filing Officer: |                     |           |
|   |                     |           |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
FEB 2 4 2010
EXAMINER

#### **COVER LETTER**

| TO: Registration Section Division of Corporations   | 1           |  |
|---|-------------|--|
| SUBJECT: Robert Nelson LLC (Name of Limited Liability Company)  | *<br>*<br>! |  |
|   | f           |  |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing.   |             |  |
| Please return all correspondence concerning this matter to the following:   |             |  |
| Robert Nelson (Name of Person)  |             |  |
|   |             |  |
| (Firm/Company)  |             |  |
| (Firm/Company)  |             |  |
| 409 Bayon Villace Drive   |             |  |
| 409 Bayon Village Drive (Address)   |             |  |
| Tarpon Springs FL 34689 (City/State and Zip Code)   |             |  |
| Chyrotane and Zip Coder   |             |  |
| For further information concerning this matter, please call:  |             |  |
|   |             |  |
| Robert Nelson at (727) 916.7279 (Name of Person) (Area Code & Daytime Telephone Number)   | -           |  |
| (Name of Person) (Area Code & Daytime Telephone Number)   |             |  |
| Enclosed is a check for the following amount:   |             |  |
| \$25.00 Filing Fee  Certificate of Status  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) | osed)       |  |

### 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  Robert Nelson LLC   |   |
|--|---|
| 2. The Articles of Organization were filed on  | and assigned document number  |
| 3. The date the dissolution was approved:  | 1/09 Emg 3  |
| 4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back)                                | nited liability company's dissolution pursuant to schon cover letter).  |
| No lenger in business.   | Dr  |
|  |   |
| OR- Adequate provision has been made for the  6. All remaining property and assets have been distri rights and interests.  7. CHECK ONE: | e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421. buted among its members in accordance with their respective |
| There are no suits pending against the cor-OR-Adequate provision has been made for the entered against it in any pending suit.           | npany in any court.  e satisfaction 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  |
| RIN  | Robert Nelson   |
|  |   |
|  |   |
|  |   |
|  |   |