# L05000117980

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



800120944158

03/24/08--01014--010 \*\*30.00

OB HAR 24 PH 12: 48
SECRETARY OF STATE
SECRETARY OF STATE

N. @ MAR 2 5 2008

# **COVER LETTER**

Division of Corporations
SUBJECT: 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:
JOSEPH M CALICC (Name of Person)
Joseph M CAGILL, L+D. (Firm/Company)
189 W LANCASTER AVE
189 W LANCASTER AVE  (Address)  PAOL; PA 19301-1740  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (6/0) 889 3300 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is	
2. The Articles of Organization were filed on/	2/9/2005 and assigned document number
3. The date the dissolution was approved:	2/3/107
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove	I liability company's dissolution pursuant to section er letter).  EASEO 01NG
229N,208	
5. CHECK ONE:	
OR-Adequate provision has been made for the deb  6. All remaining property and assets have been distributed	ots, obligations and liabilities pursuant to s. 608.4421.
rights and interests.  7. CHECK ONE:	
There are no suits pending against the compan	ny in any court.
	isfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of me	embership interests necessary to approve the dissolution:
Signature	Printed Name
mo	JOHN IC RUNNETTE
MATISTALL	M PARKER BLATCHA
	<del></del>

**FILING FEE: \$25.00**