L06000015557

(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



500134948805

08/27/08--01020--007 **25.00

Q8. AUG-27 AH II: 3
SECRETARY OF STATE
TALLAHASSEE EL COLO

T. HAMPTON AUG 2 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shirley I, Matthews, LI (Name of Lin	nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Shirley I. Matthews	
(1)	Name of Person)
<u> </u>	Firm/Company)
213 Lind Avenue	
	(Address)
Kissimmee, FL 347	
(City/	(State and Zip Code)
For further information concerning this matter, please of	eall:
Shirley Matthews	at (407) 460 8877
(Name of Person)	(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 & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII INC ADDDESS:	STREET/COURIER-ADDRESS-

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

· ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

SECRETARY OF STATE

1. The name of a limited liability company is Shirley I, Matthews, LLC	TALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on 1-24-0 L06000015557	and assigned document number
3. The date the dissolution was approved: April 30	, 2008
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove Lack of business-lack of revenues.)	d liability company's dissolution pursuant to section er letter).
5. CHECK ONE:	
All debts, obligations and liabilities of the line OR-Adequate provision has been made for the de	hited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribute rights and interests.	ed among its members in accordance with their respective
7. CHECK ONE: There are no suits pending against the compa	ny in any court
OR-	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Malla	Shirley I. Matthews

FILING FEE: \$25.00