# 10000018410

		_
(	Requestor's Name)	
(	Address)	
(	Address)	
	C:L (Ct-L- /7:- /D) 40	
(	City/State/Zip/Phone #)	
PICK-UP	☐ WÄIT	MAIL
(	Business Entity Name)	
		•
(	Document Number)	
Certified Copies	Certificates of	Status

Special Instructions to Filing Officer:

L. SELLERS

JAN 2 7 2009

**EXAMINER** 

Office Use Only



300141996543

01/26/09--01044--008 \*\*25.00

O9 JAN 26 AM 8: 34
SECRETARIES FLORIDA

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Law Offices of Theresa M. Kidd, P.L. (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:
M. Seen Kidd or Theresa M. Kidd
Law offices of Therese m. Kidd (Firm/Company)
2820 US   South, Suite F
St. Augustine, FL 32086. (City/State and Zip Code)
For further information concerning this matter, please call:
M. Sec. K:00 or Theres K:00 at (904) 315-8004 or (904) 631-527  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Solve Filing Fee Certificate of Status  Certificate of Status  Solve Filing Fee Certificate of Status  Certificate of Status Certificat

#### 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	
The Law Office of Theres.	m. Kidd, P.L.
2. The Articles of Organization were filed on 2/19	3/06 and assigned document number
3. The date the dissolution was approved:	•
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	over letter).
Lith a state agency	tice and now am employed
with a state agency	
s igypov ove	
-OR-	imited liability company have been paid or discharged.  debts, obligations and liabilities pursuant to s. 608.4421.
	uted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp	pany in any court.
	satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	f membership interests necessary to approve the dissolution:
Signature	Printed Name
Thum Ill	Theresa M. Kidding &
part - part	
	Cr. Or
	50 8: 3 <u>1</u>
	<u> </u>

The Preserve on Anastasia Island 1000 Harbour Vista Circle Saint Augustine, FL 32080

### **Statement**

Date 1/12/2009

To:	
Karl & Katie Senderling~37209 140 Hondo Drive St. Augustine, Florida 32086	

				Amount Due	Amount Enc.
				\$2,287.93	
Date	Transaction			Amount	Balance
12/12/2008 01/01/2009 01/05/2009 01/12/2009	Balance forward Due 01/12/2009 Monthly Dues \$240.99 INV #58. Due 01/05/2009 Legal Fces \$450.00 INV #484. Due 01/12/2009 Late Fees \$25.00			240.99 450.00 25.00	1,571.9 1,812.9 2,262.9 2,287.9
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
265.99	450.00	290.99	265.99	1,014.96	\$2,287.93