# L06000018439

| (Req                      | uestor's Name)   |                  |
|---------------------------|------------------|------------------|
|                           |                  |                  |
| (Add                      | iress)           | <u> </u>         |
|                           |                  |                  |
| (Add                      | ress)            |                  |
|                           |                  |                  |
| (City                     | /State/Zip/Phone | ; <del>#</del> ) |
| PICK-UP                   | ☐ WAIT           | MAIL MAIL        |
|                           |                  |                  |
| (Bus                      | iness Entity Nan | ne)              |
|                           |                  |                  |
| (Doc                      | ument Number)    |                  |
| Certified Copies          | Certificates     | of Status        |
| Special Instructions to F | iling Officer:   |                  |
|                           |                  |                  |
|                           |                  |                  |
|                           | . [              | AL               |
|                           | •                |                  |
|                           |                  |                  |
|                           |                  |                  |

Office Use Only



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11/16/06--01052--008 \*\*60.00

SECKELYSTATION TO SECKELYSTATI

### **COVER LETTER**

| SUBJECT: _       | Name of Limited Liability Company)   |                                       |
|------------------|--|---------------------------------------|
| The enclosed A   | articles of Dissolution and fee(s) are submitted for filing.                   |                                       |
| Please return al | I correspondence concerning this matter to the following:                      |                                       |
|                  | STEPHEN R. JONES (Name of Person)  |                                       |
|                  | (Name of Person)   | · · · · · · · · · · · · · · · · · · · |
|                  | (Firm/Company)   | en en <u>en</u><br>E                  |
|                  | 2864 N.E. ROSETREE DR  |                                       |
|                  | (Address)  |                                       |
|                  | JOUSEN BEACH, FLORIDA 349名7 (Cfty/State and Zip Code)                          | ·                                     |
| For further info | ormation concerning this matter, please call:                                  |                                       |
| <i>C</i> .       |  | -                                     |
|                  | (Name of Person) at (772) 323 - 34 759  (Area Code & Daytime Telephone Number) | 77 - 1755E                            |

\$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

### **MAILING ADDRESS:**

30.00 Filing Fee & Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

## STREET/COURIER ADDRESS:

\$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

| . The name of a limited liability company is   | 2006 NOV 16 P 3: 09  |
|--|--|
| ADVANCED COMPONE   | TAT DESIGNS SEGNERY OF STATE TALLAHASSEE, FLORIDA  |
| 2. The Articles of Organization were filed onNo  |  |
|  | tere in the second of the seco |
| 3. The date the dissolution was approved: Nov. 1   | 10, 2006   |
| <ol> <li>A description of occurrence that resulted in the limite<br/>608.441, Florida Statutes, (copy 608.441 on back cov</li> </ol> | ed liability company's dissolution pursuant to section ver letter).  |
| I STEPHEN LONES BEIN   | ng the only momber   |
| OF THE LLC, ACCEPTED   | D A FULL TIME JOB  |
| WITH ANOTHER COMPA   | MY, THIS DOES NOT  |
| ALLOW TIME TO ACKLO  | WYLD DATE THE RESPONSIBILITY   |
|  | opperate the LLC, no Business activity since-suly:   |
| All debts, obligations and liabilities of the li   | mited liability company have been paid or discharged.  |
| ≓-OR-  | lebts, obligations and liabilities pursuant to s. 608.4421.  |
| <del>-</del> · ·   | ated among its members in accordance with their respective   |
| 7. CHECK ONE:  |  |
| There are no suits pending against the compa   | any in any court.  |
| OR- Adequate provision has been made for the sa entered against it in any pending suit.  | atisfaction of any judgment, order or decree which may be  |
|  |  |
| natures of the members having the same percentage of   | membership interests necessary to approve the dissolution:   |
| Signature  | Printed Name   |
|  |  |
| THE  | STEPHEN R. JONES   |
| •  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**FILING FEE: \$25.00**