LOCO000 21296

| ′♣ (F | Requestor's Name) | |
|---|-------------------------|--|
| | Address) | |
| (* | nuuless) | |
| (Address) . | | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| | Business Entity Name) | |
| (c | ousiness Emily Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
| | | |
| | · | |
| | • | |
| | | |
| | | |

Office Use Only



600127230806

05/02/08--01053--002 **30.00

08 MAY 15 PH 2: L3
SECRETARY OF STATE
TALLAHASSEE, FI ORIGA

D. BRUCE

MAY 16 2008

EXAMINER

COVER LETTER

| то | Registration Section Division of Corporations | |
|---------|---|-----------|
| SUBJI | ECT: PALM TEX, L L C (Name of Limited Liability Company) | |
| • | | |
| The en | aclosed Articles of Dissolution and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning this matter to the following: | |
| | GARY CONRAD (Name of Person) | |
| | PACM Tex L.C., (Firm/Company) | |
| | 604 INNWOOD DR, ZEE & | 745 - Lui |
| | GEORGE TOWN, TEXAS 78628 (City/State and Zip Code) TALLIAN SECRETARY 15 (City/State and Zip Code) | |
| For fu | rther information concerning this matter, please call: | |
| | CARY CONRAD at 512 868-7177 (Name of Person) / (Area Code & Daytime Telephone Number) | |
| Enclose | ed is a check for the following amount: | |
| \$25. | 00 Filing Fee 200 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | :d) |

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



May 5, 2008

GARY CONRAD 604 INNWOOD DR. GEORGETOWN, TX 78628

SUBJECT: PALM TEX, LLC Ref. Number: L06000021296

We have received your document for PALM TEX, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 908A00028562

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is PALM TEX | LLC |
|---|---|
| • | 2-27-2006 and assigned document numbe |
| 3. The date the dissolution was approved:Apr. | :130,2008 |
| 4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of Lea 608, 441 members of the limited lea | nited liability company's dissolution pursuant to section cover letter). The Consont of all the ebelity Company. |
| | |
| -OR-Adequate provision has been made for the 6. All remaining property and assets have been distril rights and interests. 7. CHECK ONE: There are no suits pending against the con-OR- | HASSEE P |
| Signatures of the members having the same percentage of | of membership interests necessary to approve the dissolution |
| Signature Lary of Concal | Printed Name Hary L. Conra |
| | |
| | |
| | |