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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| L. SELLERS | | | | |
| MAY - 2 2008 EXAMINER | | | | |

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| то: | Registration Section Division of Corporations | | | | |
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| SUBJECT: | DOLPHIN | KITCHENS | dac | |
|----------|-------------------------------------|----------|-----|--|
| | (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:

CAVID WESTON (Name of Person) DOLPHIN KITCHENS LLC 6170-C HATCBOT RD (Address) POTET ORANGE FL 32/27 (City/State and Zip Code)

For further information concerning this matter, please call:

386 (Name of Person) 788 203/ at (____ (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$25.00 Filing Fee 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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