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| (Re | questor's Name) | , |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Bus | siness Entity Nan | ne) |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Registration Division of | n Section Corporations | | | |
|------------------------------|--|--|--|---------|
| SUBJECT: | Hyle Pagoer (Name of L | imited Liability Company) | | |
| | es of Dissolution and fee(s) are su | - | | |
| | MA | HRY Llhyle (Name of Person) | | |
| | 481 5 | (Firm/Company) Letu Ter S (Address) | | |
| | WOST P | AMBON FC. 3 y/State and Zip Code) | 3415 7/15 | |
| | ion concerning this matter, please YARU CYLE (Name of Person) | #(Sel) 478 | ZOOT MAY -3 PM 1: 19 SECRETARY OF STATE TALLAHASSEE FLORID Telephone Number) FLORID | Table 1 |
| \$25.00 Filing Fee | 30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| R D | IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 | STREET/COU Registration Sec Division of Corp Clifton Building | porations | • |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability compa | any is |
|---|--|
| hyle Proper | ties, LC |
| 2. The Articles of Organization were filed LOLODO 2-335C 3. The date the dissolution was approved: 4. A description of occurrence that results 608.441, Florida Statutes, (copy 608.44) | ed in the limited liability company's dissolution pursuant to section |
| We red consens | |
| company due | to inactivity of LCC. |
| OR- Adequate provision has been r | ilities of the limited liability company have been paid or discharged. made for the debts, obligations and liabilities pursuant to s. 608.4421. been distributed among its members in accordance with their respective |
| 7. CHECK ONE: | |
| OR- Adequate provision has been rentered against it in any pendir | nade for the satisfaction of any judgment, order or decree which may be ng suit. |
| Signatures of the memoers having the same p | |
| Signature | Printed Name |
| | Kipp S Kyle |
| <u></u> | Mary L Kyle |
| | |
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FILING FEE: \$25.00