

LOU 000034934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

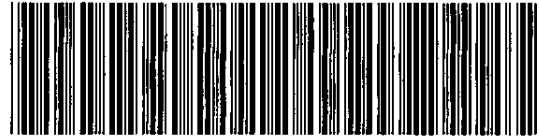
(Business Entity Name)

(Document Number)

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2009 APR 17 PM 12: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

APR 20 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOM LAZIO LLC  
(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:

EDWARD M ROUSE  
(Name of Person)

WHEAT & ROUSE, CPA'S  
(Firm/Company)

4375 WOODBINE ROAD  
(Address)

PACE, FL 3257  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

EDWARD ROUSE, CPA at ( 850 ) 995-4050  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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)

**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

TOM LAZIO LLC

2. The Articles of Organization were filed on 4 APRIL 2006 and assigned document number L06000034934

3. The date the dissolution was approved: 14 APRIL 2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Upon the written consent of all of the members of the limited liability company

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
 Adequate provision has been made for the debts, obligations and liabilities pursuant to section 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

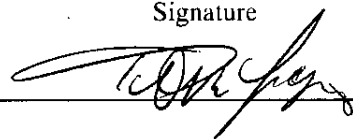
- There are no suits pending against the company in any court.  
-OR-  
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

2009 APR 17 PM 2: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name

TOM LAZIO, MEMBER  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_