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2009 SEP 24 PH 12: 18
SECRETARY OF STATE

COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: Strict Rame of Limited	as 4 Shuffers LLC Liability Company)
Strictly Bli 404 Pine F (Add Nokomis Fl-	,
For further information concerning this matter, please call: Way Beth Housey (Name of Person) Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status	(Area Code & Daytime Telephone Number) S55.00 Filing Fee & S60.00 Filing Fee, 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	(additional copy is enclosed) 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 Strict Silves	+ Shuffers	LLC	
2. The Articles of Organization were filed on 20-4 68 6762 3. The date the dissolution was approved: 12	2007 31 2007	assigned docum	ient number
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back c	ited liability company's dissoluti cover letter).	ion pursuant to s	section 2009
Lack of Dusiness		CFETA	- SEP -
 		SEE. F	3 N
5. CHECK ONE: All debts, obligations and liabilities of the OR-		•	co harged.
Adequate provision has been made for the 6. All remaining property and assets have been distributing rights and interests.	, •	•	
7. CHECK ONE: There are no suits pending against the component of the com	· · · · · · · · · · · · · · · · · · ·	der or decree wh	nich may be
Signatures of the members having the same percentage of	of membership interests necessary	to approve the	dissolution:
Signature	mary B	ted Name	ansey
Macon Williams	Sharon	<u>Mill</u>	iams
<u>. </u>	<u> </u>		