(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

DEC - 92008

EXAMINER

Office Use Only



600138498506

12/08/08--01022--013 **30.00

08 DEC -8 AM 8: 50

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A SUPERIOR LINER FARM 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	owing:
CECIL D. REID	
(Name of Pe	rson)
A SUPERIOR LINER FARM L	LC
(Firm/Comp	any)
4275 HINSON AVENUE	
(Address)	
HAINES CITY, FLORIDA 33844	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
CECIL D. REID	407 , 791-8872
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce	\$60.00 Filing Fee & Sertificate of Status & Certificat Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

08 DEC -8 AM 8: 50

SECILE FACT OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is A SUPERIOR LINER FARM LLC	TALLAHASSEE F
2. The Articles of Organization were filed on 04/18/L06000040207	2006 and assigned document number
3. The date the dissolution was approved: 12/01/20	
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	ed liability company's dissolution pursuant to section
BUSINESS HAS CEASED. THE COMPANY H	AS NOT HAD A SALE IN THE PAST 9 MONTHS
AND THEREFORE IT IS TIME TO D	DISSOLVE THE COMPANY
5. CHECK ONE:	
All debts, obligations and liabilities of the lin	mited liability company have been paid or discharged.
☐-OR-	ebts, obligations and liabilities pursuant to s. 608.4421.
_ , ,	ted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
OR-	atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of t	membership interests necessary to approve the dissolution:
Signature	Printed Name
Holis	CECIL D. REID
	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

FILING FEE: \$25.00