

(Requestor's Name)			
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(Ci	ty/State/Zip/Phone	<del>; #)</del>	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(CC	ionicoo Enaty Han	,	
(DC	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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SECRETATE OF STATE
AT LAHASSEE. FLORIDA

## **COVER LETTER**

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TO:

Registration Section

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

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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

<ol> <li>The name of a limited liability company is Kiddy Korner Day Care LLC</li> </ol>	
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: Septem	nber 30, 2006
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back of	nited liability company's dissolution pursuant to section cover letter).
409 441 Desolution-(1) A firsted lability company eigenhard under this chapter shall be dissolved, and the britised flability company agreement, but if no auch time is set forth in the articles of organization or o	ny's stein abut be consulted, upon the text to cour of any of the following events: (a) At the time specified lefts binding of opposition or consider the constraints of the constraints
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5. CHECK ONE:	<del></del>
OR- Adequate provision has been made for the	limited liability company have been paid or discharged.  debts, obligations and liabilities pursuant to s. 608.4421.  buted among its members in accordance with their respective
rights and interests.	And anong in memory in accordance with anon response
7. CHECK ONE:  There are no suits pending against the com	pany in any court.
OR- Adequate provision has been made for the entered against it in any pending suit.	satisfaction of any judgment, order or decree which may be
lignatures of the members having the same percentage o	of membership interests necessary to approve the dissolution:
Signature /	Printed Name
and	A. Lynch

FILING FEE: \$25.00