L06000051889

| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
| | | |
| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| (Business Entity Name) | | |
| L06-51889 | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: Li Hle Mana 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: | | |
| Kristi Kert | | |
| (Name of Person) | | |
| (Firm/Company) | | |
| | | |
| (Address) | | |
| TampA FL 33615 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| (Name of Person) at (863) 581-9253 (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, Certified Copy (additional copy is enclosed) | | |
| MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations | | |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



March 30, 2009

KRISTI KENT 7905 LONGWOOD RUN LANE TAMPA, FL 33615

SUBJECT: LITTLE MAN'S LLC Ref. Number: L06000051889

We have received your document for LITTLE MAN'S LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date the dissolution was approved has to be before it was received in our office. The date the document was received was 03/27/09.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 409A00010565

Neysa Culligan Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| 1. The name of a limited liability company is Li He Man'S LCC | TALLAHASSEE FLORIDA |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. The Articles of Organization were filed onS | and assigned document number |
| 3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back of Company No Longer in Com | |
| OR-Adequate provision has been made for the | imited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. uted among its members in accordance with their respective |
| 7. CHECK ONE: There are no suits pending against the component of the com | · |
| Signatures of the members having the same percentage of | membership interests necessary to approve the dissolution: |
| Signature | Printed Name Kinst Kent |
| | |
| · | |