

LOG 000054088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

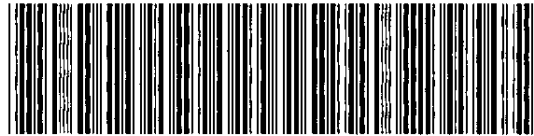
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500128287085

05/09/08--01001--003 **55.00

RECEIVED
08 MAY -8 PM 2:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAY -8 AM 8:36
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 9 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
08 MAY -8 AM 8:36
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 05/08/08

REF. #: 000204.86650

CORP. NAME: STA BUSINESS SERVICES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input checked="" type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 526 011 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
08 MAY -8 AM 8:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF DISSOLUTION

OF

STA BUSINESS SERVICES, LLC

STA BUSINESS SERVICES, LLC, a limited liability company organized and existing under the laws of the State of Florida (the "Company"), in order to dissolve in accordance with the requirements of Chapter 617, Florida Statutes, does hereby certify as follows:

1. The name of the Company is STA Business Services, LLC.
2. The dissolution of the Company was approved by unanimous consent of the managers and members.
3. All debts, obligations and liabilities of the Company have been paid or discharged.
4. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
5. There are no suits pending against the Company in any court.
6. These Articles of Dissolution shall be effective immediately upon filing by the Secretary of State of the State of Florida.

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


CARY B. SHOWALTER