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| (Requ | estor's Name) | | |
|-----------------------------|-----------------|-----------|--|
| (Address) | | | |
| (Addre | ess) | | |
| (City/s | State/Zip/Phone | »#) | |
| PICK-UP | ☐ WAIT | MAIL MAIL | |
| (Rusir | ness Entity Nan | ne) | |
| | | | |
| (Docu | ment Number) | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Fil | ing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| | ation Section n of Corporations | | | | |
|--|--|--|--|--|--|
| SUBJECT: | FIJIBED, LIC. (Name of Limited Liability Company) | | | | |
| The enclosed Ar | ticles of Amendment and fee(s) are submitted for filing. | | | | |
| Please return all | correspondence concerning this matter to the following: | | | | |
| | JANET HOFFMAN (Name of Person) | | | | |
| | FISIBED, LLC | | | | |
| | (Firm/Company) SECRETARY SECRET | | | | |
| | 5545 SW WHIPPOORWILL AVE 電音 - | | | | |
| | S545 SW WHIPPOORWILL AVE STORE TO | | | | |
| | PALM CITY FL 34990 | | | | |
| PALM CITY FL 34990 (City/State and 2ip Code) | | | | | |
| For further infor | mation concerning this matter, please call: | | | | |
| , | JANET HOFFMAN at (772) 486-0032 (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a chec | k for the following amount: | | | | |
| S25.00 Filing F | Certificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 isFIJIBED, LIC. | |
|---|--|
| | TUNE 2, 2006 and assigned document number |
| 3. The date the dissolution was approved: DEC | EMBFR 1 2006 |
| A description of occurrence that resulted in the I 608.441, Florida Statutes, (copy 608.441 on back | limited liability company's dissolution pursuant to section k cover letter). |
| UNAULMOUS CONSENT OF A | LL MEMBERS |
| | SECRE ALLA: |
| 5. CHECK ONE: | ARY SERVICE |
| All debts, obligations and liabilities of t | he limited liability company have been paid or discharged. 🚍 |
| -OR- Adequate provision has been made for t | he debts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been dist rights and interests. | tributed among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the c | ompany in any court. |
| OR- | the satisfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage | e of membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Janet Hoffman | JANET HOFFMAN |
| Etm: | DUNCAN MACQUARRIE |
| <i>d</i> | |
| | |
| | |
| | |