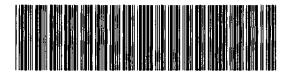
(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
-
(Business Entity Name)
(Document Number)
l
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
MAR 2 8 2011
MAR 2 8 2011

Office Use Only

EXAMINER



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11 MAR 28 PM 1: 04
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VISIONARY Properties 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:
James Powell (Name of Person)
VISIONATY Properties LLC (Firm/Company)
9378 Arlington Expy #327 (Address)
Jacksonville, FL 32225
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (904) 813 2007 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

4 1 0
s LLC
2006 and assigned document number
010
ty company's dissolution pursuant to section).
business.
bility company have been paid or discharged.
gations and liabilities pursuant to s. 608.4421.
g its members in accordance with their respective
y court.
n of any judgment, order or decree which may be
hip interests necessary to approve the dissolution:
Printed Name
James Powell
Pauline During
ASSET 28
Pro and store Children