L06000066320

(Requestor's Name)		
(Address)		
(Address)		
(Hadress)		
·		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
,		





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2009 APR 15 PM 2: 22
SECRETARY OF STATE

C. LEWIS

APR 1 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: B.M. Evans.,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:		
Bruce M.Evans, Shamsi Evans		
(Name of Person)		
B.M. Evans.,LLC		
(Firm/Company)		
767 South State Road 415		
(Address)	~~~~	
New Smyrna Beach, Florida 32168		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Bruce Evans _{at (} 386) 566-5645		
(Name of Person) (Area Code & Daytime Telephone N	Jumber)	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	Filing Fee, e of Status & Copy al copy is enclosed)	
MAILING ADDRESS: STREET/COURIER AD	DRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	_	
P.O. Box 6327 Clifton Building	1.	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

ACTIOLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2009 APR 15 PM 2: 22

1. The mane of a limited liability company is	SECRETARY OF STATE TALLAHASSEE, FLORIDA
B.M. Evans,.LLC	TALLAHASSEE T COMPA
2. The Articles of Organization were filed on June 3 L06000066320	and assigned document number
3. The date the dissolution was approved: April 10,	2009
 A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov 	d liability company's dissolution pursuant to section ver letter).
We didn't have the extra money to pay our Re	gistered Agent or the Annual Report to the state.
I never even had a chance to get start	ted? I've just Blew \$5000.00 for nothing.
If Florida would lower their FEES for t	heir Annual Report, Just maybe other's
would not have to close up their shop	s
5. CHECK ONE:	
-OR-	nited liability company have been paid or discharged. ebts, obligations and liabilities pursuant to s. 608,4421.
All remaining property and assets have been distribut rights and interests.	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of r	membership interests necessary to approve the dissolution:
Signature	Printed Name
Bru M Evana	Bruce M. Evans
Shamsi Ewans	Shamsi Evans