# 10000011923

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Office Use Only



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2007 APR 18 PH 4: 29
SECRETARY OF STATE

PPR B PH 4:

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2007 APR 18 PM 4: 29 1. The name of a limited liability company is SECRETARY OF STATE 2. The Articles of Organization were filed on X 100 Am <u>all</u>and assigned document number 3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). 5. CHECK ONE: Il debts, obligations and liabilities of the limited liability company have been paid or discharged. Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608,4421. 6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests. 7. CHECK ONE: There are no suits pending against the company in any court. Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit. Signatures of the members having the same percentage of membership interests necessary to approve the dissolution: Signature Printed Name

**FILING FEE: \$25.00** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Southern Custom Pools UC (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:		
Nekan D Brino		
(Name of Person)		
. (Firm/Company)		
P. D. Box 2795		
(Address)		
Calhoun, 6A 30703-2795 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Nelson D. Bruno at (706) 659-2096		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate Opy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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