16060000088282

(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: A. LUNT				
NOV 1 0 2009				
EXAMINER				

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11/09/09--01019--010 **25.00

2009 NOV -9 PH 4: 42

COVER LETTER

	tion Section of Corporations	
SUBJECT:	Storm Protection Unlimited LLC	
•	(Name of Limited Liability Company)	
The enclosed Arti	icles of Dissolution and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	Jeanne Shenwood	
-	(Name of Person)	
	(Storm Protection Unlimited) AFF 15 (Firm/Company)	****
-	(Firm/Company)	
	11.4100 CeV 100 Mpc	
-	(Address)	,
	Miani fl. 73187	
-	Miani + 33187 PM N (City/State and Zip Code)	
For further inform	nation concerning this matter, please call:	
Fear	me Sherwood at 305, 234-3076	
<u> </u>	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check	t for the following amount:	
\$25.00 Filing Fed		

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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 is		
Storm Protection	Unlimited	, LC
2. The Articles of Organization were filed on	17/2	nd assigned document number
3. The date the dissolution was approved: $9/30$	708	NOV .
4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back of	ted liability company's dissolover letter).	ution pursuant o section
	4/50/00	FLORIDE PLANTE
······································		Þ
rights and interests. 7. CHECK ONE: There are no suits pending against the comportance of the second of the seco	. •	order or decree which may be
Signatures of the members having the same percentage of	membership interests necessa	ary to approve the dissolution:
Signature	Pr	rinted Name
Jane Ben D	Jeanne	Shenvoop
<u> </u>		