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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: R.M. Streppone 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:		
R.M. Streppone (Name of Person)		
R.M Streppone L.LC. (Firm/Company)		
P.D. Box 427		
(Address)		
P.O. Box 627 (Address) Dunedin F1 34697-0627 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
R.M. Streppone at (727) 733-9435 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Second Filing Fee & Second Filing Fee, 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 is R.M. Streppone LL	<u>C</u>
	4. 7. 2006 and assigned document number
3. The date the dissolution was approved:	3,2007
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of	ited liability company's dissolution pursuant to section cover letter).
The business never	materialized and the
jobs were not avai	lable
5. CHECK ONE:	
All debts, obligations and liabilities of the	limited liability company have been paid or discharged.
OR-Adequate provision has been made for the	debts, obligations and liabilities pursuant to s. 608.4421.
	outed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the com-	pany in any court.
	satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage o	f membership interests necessary to approve the dissolution:
Signature	Printed Name
Roberta M Streppone	Roberta M. Strepport
	P
	TARY OF STATE OF CORPORATION
	<u> </u>