LOWO 10 10 8825

(Re	equestor's Name)			
(Ac	idress)			
(Ac	idress)	***		
`	,			
(Ci	ty/State/Zip/Phone	- 		
(C)	ty/State/Zip/Filone	σ π)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
·	•			
(D)	ocument Number)			
(50	ounien Humber,			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
		i		
		į		
		1		
		İ		

Office Use Only



200173088402

03/25/10--01008--008 **25.00

10 APR 15 AH H: 44
SECRETARY OF STATE
ALLAHASSEE, FI ORIDA

D. BRUCE

APR 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2010

LAW OFFICES OF JOHN L. DI MASI, P.A. 801 N ORANGE AVE., SUITE 500 ORLANDO, FL 32801

SUBJECT: FOUR O'CLOCK FUNTIME, LLC

Ref. Number: L06000108825

We have received your document for FOUR O'CLOCK FUNTIME, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 510A00007540



4 - 6 3

COVER LETTER

	tration Section ion of Corporations			
subject: <u>F</u>	Name of Limited Liability Company)		-	
The enclosed A	Articles of Dissolution and fee(s) are submitted for filing.			
Please return a	Il correspondence concerning this matter to the following:			
	(Name of Person)	-		
	Law Offices of John L. Di Masi. P.A			
	Law Offices of John L. Di Masi, P.A. (Firm/Company)	-		
	801 N. Orange Ave., Suite 500		70	
	(Address)	AH	APR	7
Orlando, Florida 32801			-5	-
	(City/State and Zip Code)	10 P	A	
For further info	ormation concerning this matter, please call:	STATE	竹竹编树	O
Fra	nk J. Lacquaniti, Esquire at (407) 839-3383			
	(Name of Person) (Area Code & Daytime Telephone Num	iber)	-	
Enclosed is a che	eck for the following amount:			
√ \$25.00 Filing	Fee 30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Fil Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & Py	losed)	
	MAILING ADDDESS: STREET/COURIER ADD	DFSS.		

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on Nov	vember 6, 2006	_ and assigned document number		
3. The date the dissolution was approved:	mber 31, 2009			
4. A description of occurrence that resulted in the li 608.441, Florida Statutes, (copy 608.441 on back		 solution pursuant to section		
Discontinuance of business opera				
		AS -		
		May on I		
5. CHECK ONE:				
All debts, obligations and liabilities of the	ne limited liability company ha	ave been paid markchawed		
OR-Adequate provision has been made for the				
6. All remaining property and assets have been distr		-		
rights and interests.	, and the second	•		
7. CHECK ONE:				
✓ There are no suits pending against the co				
Adequate provision has been made for the entered against it in any pending suit.	ne satisfaction of any judgmen	it, order or decree which may be		
natures of the members having the same percentage	of membership interests nece	essary to approve the dissolution:		
Signature		Printed Name		
(le coo ma	- Doborob I	Deborah McDonough, MGRM		
attention of the state of the s	Deborari	wcDonougn, MGRM		
Kat Both cold	Kathy Bot	ticello, MGRM		