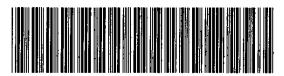
06000109113

otzeuneS)	r's Name)
(Requestor's Name)	
(Address)	
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PICK-UP	WAIT MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of Status
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Special Instructions to Filing Officer:	
, ,	
789, 707.	671

Office Use Only

L06-109113



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FILED 08 SEP -8 AH 8: 33

M. THOMAS

SEP - 9 2008

EXAMINER

COVER LETTER '

TO: Registration Section Division of Corporations	
SUBJECT: M. T. TREATS LLC (Name of Limit	red Liability Company)
The enclosed Articles of Dissolution and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
MICHAEL GEW!	ne of Person)
M.T. TREATS	LLC m/Company)
4045 CROOKED MILE RD (Address)	
MERRITT ISLAND TO 32952 (City/State and Zip Code)	
For further information concerning this matter, please call	:
MICHAEL GENTILE (Name of Person)	at (321) 45-9 3907 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: ζ SEE FO \$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2008

MICHAEL GENTILE 4045 CROOKED MILE RD MERRITT ISLAND, FL 32952

SUBJECT: M.I. TREATS LLC Ref. Number: L06000109113

We have received your document for M.I. TREATS LLC and your check(实 totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 508A00043362

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
M.I. TREATS LLC	
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved:O	10108
4. A description of occurrence that resulted in the limit	ed liability company's dissolution pursuant to section
	RESIGNED. NO BUSINESS
TRANSACTED	
OR-Adequate provision has been made for the d 6. All remaining property and assets have been distriburights and interests. 7. CHECK ONE: There are no suits pending against the components of the description of the descri	mited liability company have been paid or discharged. Spects, obligations and liabilities pursuant to s. 603 421. ted among its members in accordance with the liftespective any in any court.
Signatures of the members having the same percentage of a Signature	membership interests necessary to approve the dissolution:
will off	MICHAEL GENTILE

FILING FEE: \$25.00