L0600117251

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(/ 12			
(Cit	y/State/Zip/Phone	e #)	
—	-	—	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
•	•	•	
(00	cument Number)		
	-		
Certified Copies	Certified Copies Certificates of Status		
Consist Instructions to	Cilia - O#i		
Special Instructions to	riling Officer:		
		1	
		İ	
Din			

Office Use Only



900104313789

06/15/07--01020--004 **30.00

07 JUN 15 PM 2: 11

SECRETARY OF STATE DIVISION OF COSTORATION

COVER LETTÈR

TO: Registration Section Division of Corporations
SUBJECT: T and M FABRICATION and Restoration, 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:
Max and Rence WilliFord (Name of Person)
T and M Fascication and Restocation, UC
3372 CR 218 (Address)
Middleburg FL 32068 (City/State and Zip Code)
For further information concerning this matter, please call:
Max or Renee Williford at (904) 449 - 3445 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\int_{\text{S55.00 Filing Fee}} \text{\$\int_{\text{Solonor}} \text{30.00 Filing Fee & Certificate of Status} \text{\$\int_{\text{Solonor}} \text{\$\int_{\text{Solonor}} \text{Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\int_{\text{Continuous}} \text{\$\int_{\text{Solonor}} \text{\$\int_{\text{Solonor}} \text{\$\int_{\text{Solonor}} \text{\$\int_{\text{Continuous}} \text{\$\int_{\text{Solonor}} \
MAILING ADDESS. STREET/COUDIED ADDESS.

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		110
I and III tabrication an	id Kestoration,	
2. The Articles of Organization were filed on 1211	<u>O L</u> and assigned	document number
3. The date the dissolution was approved: 6/5/20	007	O DIV
4. A description of occurrence that resulted in the limited lial 608.441, Florida Statutes, (copy 608.441 on back cover le	etter).	ant to section SECRE
Inability to produce ga	antul income.	<u> </u>
		∷
		
5. CHECK ONE:		
All debts, obligations and liabilities of the limited OR-OR-Adequate provision has been made for the debts, of the limited arrights and interests.	obligations and liabilities pursuant	to s. 608.4421.
7. CHECK ONE:		
There are no suits pending against the company in OR- Adequate provision has been made for the satisfacentered against it in any pending suit.	·	ree which may be
Signatures of the members having the same percentage of members	bership interests necessary to appro	ve the dissolution:
Signature Olivan	MAX Williame Carolyn Renee	FORD