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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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AUS 2 0 2015 D. BRUCE SHAUN MCDONALD 15173 BENT TREE CT ZIONSVILLE, TN 46077

SUBJECT: LIBERTY INVESTORS LLC

Ref. Number: L06000120822

We have received your document for LIBERTY INVESTORS LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$55.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A00017472

SECRETARY OF STATE TALLAHASSEE, FLORID

www.sunbiz.org

COVER LETTER

TO:

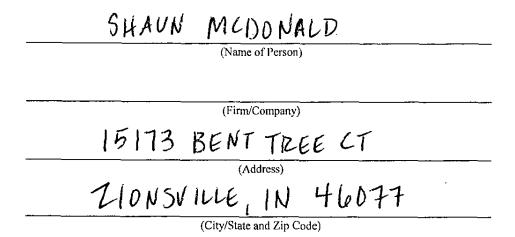
Registration Section Division of Corporations

LIBERTY INVESTORS

(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:



For further information concerning this matter, please call:

SHAUN MCDONALD at 317 344-29 医 (Area Code & Daytime Telephen Sumbs)

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Distriction & 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 LIBERTY INVESTORS LLC
2.	The Articles of Organization were filed on DEC 20, 2006 and assigned
	document number <u>L06000 2 0822</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). COMPANY NO LONGEL IN BUSINESS. HAVE
	LEASED OPERATION. NO DEBTS. NO
	EMPLOYEES.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: SHAUN MLDINALD
	15173 BENT TREE CTERS TO
	ZIONSVILLE, IN 4607 最富
	FLEE D
6. lis	Signature of an authorized person or if there are no members, the signature of the person pointed and ated above to wind up the company's activities and affairs:
	Gualum SHAUN MIDONALD
-6	Signature Printed Name

FILING FEE: \$25.00