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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FEIRH HIPPIE (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:		
Les lie Griffin (Name of Person)		
Felia Hippie		
1407 Viola DR. (Address)		
Brandon, FL 33511 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Leslie Griffin at (813) 385.9337  (Name of Person) at (813) Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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

FILED

08 MAY 27 AN II: 35

1 The name of a limited liability assuments in	
1. The name of a limited liability company is	SECRETARY OF STATE
Feira Hippie	TALLAHASSEE STATE
2. The Articles of Organization were filed on	1.07 and assigned document number
3. The date the dissolution was approved: $5 \cdot 1 \cdot 6$	38
4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let	oility company's dissolution pursuant to section
Business never took	form or opened
as proposed for No	W. 2007.
,	
<ul> <li>5. CHECK ONE:</li></ul>	obligations and liabilities pursuant to s. 608.4421.  nong its members in accordance with their respective
Signatures of the members having the same percentage of memb	pership interests necessary to approve the dissolution:
Signature	Printed Name Les lie Giffin
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