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. (Requestor's Name)			
(A.I.I.			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
·			
(Business Entity Name)			
<u> </u>			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Openial mediations to 1 ming officer.			

L. SELLERS

MAR 11 2009

EXAMINER

Office Use Only



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January 23, 2009

LINDA K. STEELE 15754 TREASURE ISLAND LANE FORT MYERS, FL 33905

SUBJECT: IDEGO PROPERTY GROUP, LLC

Ref. Number: L07000031296

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

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

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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) 245-6967.

Letter Number: 609A00002527

Leslie Sellers Regulatory Specialist II



February 27, 2009

LINDA K. STEELE 15754 TREASURE ISLAND LANE FORT MYERS, FL 33905

SUBJECT: IDEGO PROPERTY GROUP, LLC

Ref. Number: L07000031296

We have received your document for IDEGO PROPERTY GROUP, LLC and your check(s) totaling \$50.00. 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) 245-6967.

Letter Number: 109A00006926

Leslie Sellers Regulatory Specialist II

COVER LETTER

	egistration Section ivision of Corporations
SUBJEC	Delan Amount. Han alle
The encle	sed Articles of Dissolution and fee(s) are submitted for filing.
Please re	arn all correspondence concerning this matter to the following:
	Sunda Strala (Name of Person)
٠	an Thorda Gerbols Violes &
	15754 Treasure Island Sane
	TH Mypps II 33905 (City/State and Zip Code)
For furth	r information concerning this matter, please call: (Name of Person) at (Area Code & Daytime Telephone Number)
	a check for the following amount: iling Fee

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 09 MAR 10 AM 8: 56

1942

	SECRETALY OF STATE
1: The name of a limited liability company is	TALLAHÄSSEE FLORIDA
	AC
2. The Articles of Organization were filed on	and assigned document number
LO JOAJA	
3. The date the dissolution was approved: 12-30-	<u>08</u> .
4. A description of occurrence that resulted in the limited liability con 608.441, Florida Statutes, (copy 608.441 on back cover letter).	npany's dissolution pursuant to section
not a part of this c	ompany.
COURCE ONE	_ *
5. CHECK ONE: Color of the limited liability of the liability of the limited liability of the liability of the limited liability of the limited liability of the liability o	
OR- Adequate provision has been made for the debts, obligation	
6. All remaining property and assets have been distributed among its	•
rights and interests.	,
7. CHECK ONE:	
here are no suits pending against the company in any course.	
Adequate provision has been made for the satisfaction of a entered against it in any pending suit.	iny judgment, order or decree which may be
Signatures of the members having the same percentage of membership in	nterests necessary to approve the dissolution:
Signature	Printed Name
Tendo Kitelle L	inda K Steele
	•
	