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M. THOMAS

JUL 2 2 2008

**EXAMINER** 

## **COVER LETTER**

	ration Section on of Corporations	
SUBJECT: _	SPHERE VI (Name of L	Limited Liability Company)
The enclosed A	rticles of Dissolution and fee(s) are su	ubmitted for filing.
Please return all	l correspondence concerning this matt	ter to the following:
	WAYNE	(Name of Person)  (Firm/Company)  Box 278694
	P. O.	(Firm/Company)  BOX 278694  (Address)
	MIRAMAR	Q $FL$ $33027$
For further info	rmation concerning this matter, please	e call:
W	(Name of Person)	at (954) 707-2009 (Area Code & Daytime Telephone Number)
Enclosed is a che	rek for the following amount:  Fee 30.00 Filing Fee &  Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
h. d	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building

- . 2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is $SPHERE VIIIAGE$	11C
2. The Articles of Organization were filed on MA)	٠. سيس
3. The date the dissolution was approved:	17, 2008
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dissolution pursuant to section er letter).
RELOCATING OUT OF ST	4TE
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:	15.5 15.5 15.5 15.5 15.5 15.5 15.5 15.5
5. CHECK ONE:	Ho I
☐-OR-	nited liability company have been paid or discharged.
	ed among its members in accordance with their respective
7. CHECK OME:	
There are no suits pending against the compa	iny in any court.
OR-Adequate provision has been made for the sa entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of r	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Mapa Melm	WAYNE WELSON

**FILING FEE: \$25.00**