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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Eddiness Entry Hame)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:

L. SELLERS

APR 2 7 2009

EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations ACGD, LLC
(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: MEADOWOOD Drive ON FL. 33332 (City/State and Zip Code) For further information concerning this matter, please call: at (954) 610-582 C (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$60.00 Filing Fee, \$25.00 Filing Fee 30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is ACG/), LLC		
2. The Articles of Organization were filed on 5			and assigned document number
3. The date the dissolution was approved:	1-20-	2009	 -
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on bar	limited liability	y company's d	ssolution pursuant to section
ALL ASSETS WER	E SOU)	
 5. CHECK ONE: All debts, obligations and liabilities of OR-OR-OR-Adequate provision has been made for 6. All remaining property and assets have been dirights and interests. 7. CHECK ONE: There are no suits pending against the OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-O	the debts, oblinations tributed amon company in an	gations and lial g its members y court.	bilities pursuant to s. 608.4421. in accordance with their respective
gnatures of the members having the same percenta	ge of members	hip interests no	cessary to approve the dissolution
An h Cy		Ala	Printed Name N. Covitz
			T _A s
		<u> </u>	AR AR

FILING FEE: \$25.00