(Requ	estor's Name)	
(Addre	ess)	
(Address)		
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to Fili	ing Officer:	
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Office Use Only

G. MCLEOD

OCT - 7 2009

EXAMINER



700161215877

10/08/09--01026--001

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Long Point Holdings 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:			
Stephan Kruse (Name of Person)			
(Firm/Company)			
42 Brians Way			
H2 Brians Way (Address) Norridgewock, ME 04957 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Steve Kruse at (207.) 217-0984 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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

-F - A710W
OCT -6 AMII: 05
LLC
and assigned document number
's dissolution pursuant to section
d the dissolution
any have been paid or discharged. I liabilities pursuant to s. 608.4421. Pers in accordance with their respective
dgment, order or decree which may be
s necessary to approve the dissolution:
Printed Name
tephan L. Kruse
1