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| (Requestor's Name) |
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| (Address) |
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| (C): (C)-1-(Z)-(D) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Octanição doptido |
| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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Office Use Only



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-FILED -SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

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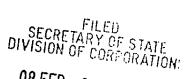
EXAMINER

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: EXCELLENT SERVICES by HICKS (Name of Limited Liability Company) |
| (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: |
| |
| Tasha M. Hicks |
| (Name of Person) |
| |
| (Firm/Company) |
| 1111 South Central Avenue |
| (Address) |
| Apopkg, FL 32703 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| and the second s |
| (Name of Person) at (407) 886-1483 (Area Code & Daytime Telephone Number) |
| (Name of Ferson) (Name Code & Daytime Ferson (Name of Ferson) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \] \$30.00 Filing Fee \$\ \text{Certificate of Status} \] \$55.00 Filing Fee \$\ \text{Certificate of Status} \] \$\text{Certificate of Status} \] |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| |
| MAILING ADDRESS: STREET/COURIER ADDRESS: |
| Registration Section Registration Section |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| | 001 EB -6 PM 1: 2 |
|--|--|
| 1. The name of a limited liability company is EXCELLENT SERVICES BY HE | cks. |
| 2. The Articles of Organization were filed on UV 11 | and assigned document number |
| 3. The date the dissolution was approved: 0204/2 | .008 |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove | liability company's dissolution pursuant to section r letter). |
| No longer working for + | trise. I terminated |
| my contract. | |
| | |
| 5. CHECK ONE: | |
| G-OR- | ited liability company have been paid or discharged. ts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distributed rights and interests. | d among its members in accordance with their respective |
| 7. CHECK ONE: | |
| ✓ There are no suits pending against the compan OR- Adequate provision has been made for the sati- entered against it in any pending suit. | sfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of me | embership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Jasha M. Hicks | Tasha M. Hicks |
| | |
| | |
| | |
| | |
| | |

FILING FEE: \$25.00