L07000064159

(Req	uestor's Name)	
·			
(Address)			
(Add	ress)		
(City/	State/Zip/Phor	ne #)	
(3.5).		,	
PICK-UP	MAIT	MAIL	
(Busi	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400120711934

03/21/08--01018--005 **25.00

SECRETARY OF STATE BIVISION OF CORPORATIONS

J. BRYAN

MAR 2 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FSland Time Restaurant 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:				
Jacqueline Jobdon (Name of Person)	_ 2			
(Name of Person)	NSIGNA VISIO			
	NECKETARY IVISION OF CI			
(Firm/Company)	(1)			
917 Hammock Shade Drive = 製				
(Address)				
Lakeland, Fl. 33809 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
T- 1 5 T (00) 901 (103 (115)				
Torque ne Tordon at (954) 609-4151 (Name of Person) (Area Code & Daytime Telephone Numb	per)			
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee & } \sum_{555.00}\$ \text{Filing Fee & } \sum_{60.00}\$ \text{Filing Fee & } \sum_{60.00}\$ \text{Filing Fee & } \text{\$\sum_{60.00}\$ \text{Filing Fee & } \$\s	na Fee			
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Status &			
	py 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

1. The name of a limited liability company is Island Time Restau	erant, LLC. BAR 2
2. The Articles of Organization were filed on 6- LODOO 64159.	19-07 and assigned documentaum and assigned do
3. The date the dissolution was approved: $4-2$	1-07
4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co	ted liability company's dissolution pursuant to section over letter).
Inactive - no busi	ness is being conducted.
OR-Adequate provision has been made for the	imited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. uted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the composition of the composition	pany in any court.
	satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
Tarquelré Tordo	Jacqueline Jordon
Patricia Green	Jacqueline Jordon Patricia Green