(Requestor's Name)				
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(City/State	e/Zip/Phone	#)	
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PICK-UP		WAIT	MAIL	
(Business Entity Name)				
	,		-,	
(Document Number)				
Certified Copies		Certificates	of Status	

Special Instructions to Filing Officer:

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MAY - 4 2009

EXAMINER

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SECRETARY OF STATE

SECRETARY OF STATE

COVER LETTER

Division of Corporations				
SUBJECT: Select Value Remodeling, 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:				
Donald L. Cudney				
(Name of Person)				
Select Value Remodeling, LLC				
(Firm/Company)				
2188 Chianti Palce, #1012				
(Address)				
Palm Harbor, FI 36486				
(City/State and Zip Code)				
For further information concerning this matter, please call: 935-4104				
Don Cudney _{at (} 727 <u></u>				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}}} \$\text{\$\te				

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. 100

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The name of a limited liability company is Select Value Remodeling, LLC	TALLAHASSEE FLUI
2. The Articles of Organization were filed on July 25t L07000064410	th, 2006 and assigned document number
3. The date the dissolution was approved: September	er 1, 2008
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover Closed due to disability of owner.	
5. CHECK ONE:	
All debts, obligations and liabilities of the limi	ted 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	y in any court.
	sfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of me	embership interests necessary to approve the dissolution:
Signature	Printed Name
	Donald L Cudney
All John The State of the State	