

L07000072789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800112887528

12/24/07--01005--024 **25.00

RECEIVED
07 DEC 21 PM 4:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 DEC 21 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK
12/24

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

* File First *

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 12-21-2007

REF. #: 000672.78984

CORP. NAME: SLI VENTURES, LLC

FILED
07 DEC 21 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input checked="" type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 524091 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

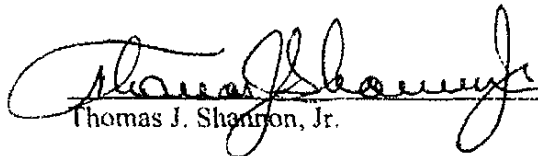
ARTICLES OF DISSOLUTION
OF
SLI VENTURES, LLC

FILED
07 DEC 21 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is **SLI VENTURES, LLC** (the "Company").
2. The effective date of the Company's dissolution is the date hereof.
3. Pursuant to Section 608.441, *Florida Statutes*, the sole member of the Company has determined that the Company shall be dissolved and the Company's affairs shall be concluded effective as of the date hereof.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. All remaining property and assets of the Company has been distributed to its sole member.
6. There are no suits pending against the Company in any court.
7. The Company hereby waives its right to revoke this dissolution as set forth in Section 608.4411, *Florida Statutes*.

The undersigned, being the sole member of the Company, has approved the dissolution and executed these Articles of Dissolution pursuant to Section 608.408, *Florida Statutes*. (In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SOLE MEMBER:


Thomas J. Shannon, Jr.