LOT 0000 79390

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

Registration Section Division of Corporations

Slay, LLC SUBJECT:

(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:

Lisa J Slay, Trustee		
	(Name of Person)	
	(Firm/Company)	
404 Rose Marie Blvd		
	(Address)	
Hearne, TX 77859		
	(City/State and Zip Code)	

For further information concerning this matter, please call:

Lisa J Slay (Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & 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

	The name of a limited liability company is Slay, LLC
2.	The Articles of Organization were filed on Aug 2, 2007 and assigned
	document number L07000079390
	The delayed effective date the dissolution if not effective on the date of filing: Feb 1, 2015 (effective date cannot be prior to or more than 90 days later than date document is received for filing)
١.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). death of George H Slay
•	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
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5.	
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5.	Signature of an authorized person or if there are no members, the signature of the person appointed and

FILING FEE: \$25.00