L07000008/393

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

SEP 21 2010

EXAMINER

Office Use Only



100185463241

09/20/10--01022--020 **30.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Geodexy, 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:		
Barry C Powers		
(Name of Person)		
Geodexy, LLC	2910	
(Firm/Company)	SEP	·
	10 SEP 20	
(Address)	⊋	n
Clearwater, FL 33764	PH IZ: LB	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Barry C Powers <u>at (727</u>) 216-9060	_	
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	osed)	
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

2. The Articles of Organization were filed on 08/08/0	and assigned document number
L07000081393	and assigned document funde
3. The date the dissolution was approved: 9/10/201	0 = .
4. A description of occurrence that resulted in the limited	[
608.441, Florida Statutes, (copy 608.441 on back cov	er letter).
The company is no longer in busines	SS. SS.
	\ \tau_1 \tau_2 \tau_3 \tau_4 \tau_5
	R A ::
5. CHECK ONE:	35 .60
	nited liability company have been paid or discharged.
r -OR-	
Adequate provision has been made for the de	bts, obligations and liabilities pursuant to s. 608.4421.
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