

L07000085668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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14 AUG -4 PM 4:01  
S. CHERRY ST  
FALLS CHURCH, VA 22034

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLGD of Texas, 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:

**Nia Aresta**

\_\_\_\_\_  
(Name of Person)

**Step by Step Management**

\_\_\_\_\_  
(Firm/Company)

**2417 N University Dr.**

\_\_\_\_\_  
(Address)

**Coral Springs, FL 33065**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Nia Aresta**

\_\_\_\_\_  
(Name of Person)

**954**

**757**

at ( )

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

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**

1. The name of a limited liability company is  
SLGD OF TEXAS, LLC
  
2. The Articles of Organization were filed on 8/21/2007 and assigned  
document number L07000085668
  
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
  
4. 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).  
SOLD  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
Signature

NIA ARESTA  
Printed Name

**FILING FEE: \$25.00**

STATE OF FLORIDA  
TALLAHASSEE  
1 AUG - 4 PM 4:01  
2007