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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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T. HAMPTON
NOV 1 2 2008
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	(Name of Limited Liability Company)				
The encl	osed Articles of Dissolution and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this matter to the following:				
	<u>Hathryn Ducharme</u> Name of Person)				
	(Firm/Company)				
	1997 Sourwood Blud				
	1997 Sourwood Blvd (Address) Dunedin FL 34698 (City/State and Zip Code)				
For further information concerning this matter, please call:					
	Mathryn Ducharnus (727) 492-8490 (Name of Person) (Area Code & Daytime Telephone Number)				
_	is a check for the following amount: Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

SECRETARY OF	7008 NOV	
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<u> </u>		

1. The name of a limited liability company is	FLOR	R P U
2. The Articles of Organization were filed on 8/3	0/07 and assigned 7000087561	document number
3. The date the dissolution was approved:	5/2007	
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover	iability company's dissolution pursua letter).	int to section
TOURING NUMBER	<u> </u>	
5. CHECK ONE:		
All debts, obligations and liabilities of the limit OR-Adequate provision has been made for the debt	s, obligations and liabilities pursuant	to s. 608.4421.
rights and interests. 7. CHECK ONE: There are no suits pending against the company OR- Adequate provision has been made for the satis entered against it in any pending suit.	•	ree which may be
Signatures of the members having the same percentage of me	mbership interests necessary to appro-	ve the dissolution:
Signature	Printed Name	
_ hDul	hathryn	Ducharme
		icharmc_

FILING FEE: \$25.00