L070000894146

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TILLU 11 MAR 18 PM 3: 58 SUCREJARY OF STATE ANASSEE, FLORID

D. BRUCE
MAR 21 2011

EXAMINER

COVER LETTER

TO:

	ration Section on of Corporations			
SUBJECT: D	issolution: Hidden Cab	oin, LLC		
	(Name of	Limited Liability Company)		
	rticles of Dissolution and fee(s) are s	•		
	Tony Quast			
		(Name of Person)	_	
Hidden Cabin, LLC			_ <u> </u>	
		(Firm/Company)		-1
	3415 SE 2nd Street		R I	
(Address)				ľ
	HAR 18 PH 3:	C		
	(C	ity/State and Zip Code)	TATE ORID	
For further info	rmation concerning this matter, pleas	se call:	Þ	
Tony	y Quast	at (352) 895-5717		
	(Name of Person)	(Area Code & Daytime Telephone Nu	mber)	
Enclosed is a chee	ck for the following amount:			
\$25.00 Filing F	· ·	Certified Copy Certificate of (additional copy is enclosed) Certified Co		
	MAILING ADDRESS:	STREET/COURIER ADI	DRESS:	
Registration Section Division of Corporations P.O. Box 6327		Registration Section		
		Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Hidden Cabin, LLC				
2. The Articles of Organization were filed on October L07000089446	and assigned document number			
3. The date the dissolution was approved: March 16, 2011				
 A description of occurrence that resulted in the limited line 608.441, Florida Statutes, (copy 608.441 on back cover I Business closed 	ability company's dissolution pursuant to section			
 6. All remaining property and assets have been distributed a rights and interests. 7. CHECK ONE: There are no suits pending against the company OR- 	obligations and liabilities pursuant to s. 608.4421. among its members in accordance with their respective			
Signatures of the members having the same percentage of mem	bership interests necessary to approve the dissolution: Printed Name			
A M	Tony Quast			
Kallys	Kevin MacIsaac HAR R			
	FLORIDA			

FILING FEE: \$25.00