# 10700010038/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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04/25/08--01021--005 \*\*25.00



D. BRUCE

MAY 1 2 2008

EXAMINER -



# **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	GURR PURR	, LLC mited Liability Company)	
	(**************************************		
The enclosed Articles o	f Dissolution and fee(s) are subn	nitted for filing.	
		_	
Please return all corresp	ondence concerning this matter	to the following:	AZ C
			F. C. S. F.
	CA	DOI KNORER	
<del></del>	(N	Name of Person)	S
			Ps x
	(1	Firm/Company)	PH 3: L2
	a c	7, 8, 5 47	
	17	71 Bear-Foot Tra (Address)	<u>ul</u>
		(Address)	
	$\omega$	Lee Ki Waelee, Fr State and Zip Code)	- 34613
	(City/	State and Zip Code)	
For further information	concerning this matter, please ca	all:	
_			
CA	rol Barber	at ( <u>850</u> ) <u>98</u> (Area Code & Daytime	17295
	(Name of Person)	(Area Code & Daytime	Telephone Number)
•			
Enclosed is a check for the	e following amount:		
ρ \$25.00 Filing Fee	ρ \$30.00 Filing Fee & Certificate of Status	<ul> <li>ρ \$55.00 Filing Fee &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	ρ \$60.00 Filing Fee, Certificate of Status & Certified Copy

### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2008

CAROL BARBER 9571 BEARFOOT TRAIL WEEKI WACHEE, FL 34613

SUBJECT: GRRRPURR, LLC Ref. Number: L07000100381

08 MAY -9 PM 3: L2
SEGRETARY OF STATE.
TAIL AHASSEF FLORION

We have received your document for GRRRPURR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the effective date of the limited liability company's dissolution.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 508A00025689



1. The name of a limited liability company is  ———————————————————————————————————	
2. The Articles of Organization were filed on	7-02-07 and assigned document number
<u>001/000/0038/</u>	-15-08
	•
4. A description of occurrence that resulted in the in 608.441, Florida Statutes, (copy 608.441 on back	mited liability company's dissolution pursuant to section cover letter).
Managing partners c	seld not do vote time to
growth of the bee	seress; there, decision
was made to I	essolve HC. Carltack
	5-6-88
5. CHECK ONE:	
-OR-	ne limited liability company have been paid or discharged.
·	ne debts, obligations and liabilities pursuant to 608 4421.
<ol> <li>All remaining property and assets have been distributed and interests.</li> </ol>	ributed among its members in accordance with their respective
7. CHECK ONE:	SSE SSE
There are no suits pending against the co	ompany in any court.
-OR-  Adequate provision has been made for the entered against it in any pending suit.	ne satisfaction of any judgment, order or desire which may be
ignatures of the members having the same percentage	e of membership interests necessary to approve the dissolution
Signature	Printed Name
Charles:	CAROL BARBER
	KAREN HART
	XATE CHRISTMAS
	KAREN SULLIVAN
Deed	Hednort)
C FIELD	