| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
| A. LUNT                                 |  |  |  |  |
| PPD                                     |  |  |  |  |
| FEB <b>20</b> 2009                      |  |  |  |  |
| EVARABLE                                |  |  |  |  |
| EXAMINER                                |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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## **COVER LETTER**

|   | ion Section<br>of Corporations   |   |  |  |
|---|--|---|--|--|
| SUBJECT: TW                                 | oShays Enterprises, L  |   |  |  |
|   | (Name of L   | imited Liability Company)   |  |  |
|   |  |   |  |  |
| The enclosed Arti                           | cles of Dissolution and fee(s) are sul   | omitted for filing.   |  |  |
| Please return all c                         | orrespondence concerning this matte  | er to the following:  |  |  |
|   | loan J. Shay   |   |  |  |
| =   |  | (Name of Person)  | ——— <b>200</b>   |  |
| ٦   | woShays Enterprises,   | II C  | 2009 FEB 19  |  |
| _   | <u></u>  | (Firm/Company)  | 25. E  |  |
| é   | 6649 Dabney St.  |   | SSEE FLO   |  |
| _   |  | (Address)   |  |  |
| Fort Myers, FL 33966                        |  |   |  |  |
| _   |  | //State and Zip Code)   |  |  |
| For further inform                          | ation concerning this matter, please   | call:   |  |  |
| Joan J. Shay <sub>at (</sub> 513 ) 405-7747 |  |   | 7747   |  |
|   | (Name of Person)   | (Area Code & Daytime  | e Telephone Number)  |  |
| Enclosed is a check                         | for the following amount:  |   |  |  |
| \$25.00 Filing Fee                          | _  | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                       | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|   | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET/COU<br>Registration Sec<br>Division of Cor<br>Clifton Building<br>2661 Executive | porations<br>3   |  |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is TwoShays Enterprises, LLC   |   |  |  |
|---|---|--|--|
| 2. The Articles of Organization were filed on 03/03<br><b>L</b> 0 7600 166 0 4 3  | and assigned document number  |  |  |
| 3. The date the dissolution was approved:   | ·   |  |  |
| 4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back of Current economy, lack of business | ted liability company's dissolution pursuant to section over letter).   |  |  |
|   |   |  |  |
|   | 100 F   |  |  |
|   | A CONTRACT OF THE CONTRACT OF |  |  |
| 5. CHECK ONE:   | % - 9<br>m  |  |  |
| OR-   | imited liability company have been paid or discharged.  |  |  |
|   | debts, obligations and liabilities pursuant 📆 608.421.  |  |  |
| <ol> <li>All remaining property and assets have been distributing rights and interests.</li> </ol>  | uted among its members in accordance with their respective  |  |  |
| 7. CHECK ONE:   |   |  |  |
| There are no suits pending against the comp   | pany in any court.  |  |  |
| OR- Adequate provision has been made for the sentered against it in any pending suit.   | satisfaction of any judgment, order or decree which may be  |  |  |
| Signatures of the members having the same percentage of   | membership interests necessary to approve the dissolution:  |  |  |
| Signature   | Printed Name  |  |  |
| Joan J Shay   | Joan J. Shay  |  |  |
|   |   |  |  |
|   |   |  |  |
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|   |   |  |  |