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6	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PiCK-U	P 📑 WAIT 📗	MAIL
·	(Business Entity Name)	
<del></del>	(Document Number)	
Certified Copies	Certificates of Sta	tus

Special Instructions to Filing Officer:

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**EXAMINER** 

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SECULIANTO: 149

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	CCT: TREASURE COAST PET	ROLEU	M SER	√ICE, L	LC	
٠	(Name of Li	mited Liabilit	y Company)			
	closed Articles of Dissolution and fee(s) are sub					
Please	return all correspondence concerning this matter	to the follow	/ing:			
	PAMELA POST					
	(1	Name of Person	n)			
	TREASURE COAST PE	TROLE	UM SE	RVICE,	LLC	
	(	Firm/Company	<i>i</i> )	•		
	1882 SW EFFLAND AV					
		(Address)				
	PORT ST LUCIE, FL 34	4953 /State and Zip	Codo			
	Спу	rState and Zip	code)			
For fur	ther information concerning this matter, please of	call:				
	PAMELA POST	at (	772	, 343-7	448	
	(Name of Person)		(Area Code	& Daytime T	elephone Number)	
Enclose	d is a check for the following amount:					
\$25.0	00 Filing Fee & Certificate of Status	Certif	Filing Fee & ied Copy ional copy is o	enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	:d)
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314			2661 Executive Center Circle			

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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been paid or discharged. s pursuant to s. 608.4421. cordance with their respective
ry to approve the dissolution:  nted Name  Post
OST