57000118132

(Requestor's Name)					
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T. HAMPTON

DEC - 8 2008

EXAMINER

COVER LETTER

	ration Section on of Corporations				
SUBJECT: _		EST. COM, LLC mited Liability Company)			
	articles of Dissolution and fee(s) are sub	-			
Please return al	l correspondence concerning this matte	to the following:			
	JOHNA	Y WHTE			
	(Name of Person)			
		Firm/Company)			
)AY AVE (Address)	186-186-18-18-18-18-18-18-18-18-18-18-18-18-18-		
	MAM	11 FL 33133			
	(City	/State and Zip Code)			
For further info	ormation concerning this matter, please	call:			
	(Name of Person)	at (305) 40 (Area Code & Daytime	71-8761 Telephone Number)		
Enclosed is a che	eck for the following amount:				
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	\$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:		RIER ADDRESS:		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	P.O. Box 6327	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)GQVES	T, (01	1,110		
2. The Articles of Organization were filed on				ment nu	ımber
3. The date the dissolution was approved: DEC	EMBER	1,2008			
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of MD MEMBERS	over letter).			section	
5. CHECK ONE: All debts, obligations and liabilities of the OR- Adequate provision has been made for the 6. All remaining property and assets have been distributed.	debts, obligation	s and liabilitic	s pursuant to s. 6	508.442	1.
rights and interests. 7. CHECK ONE:					
There are no suits pending against the con	npany in any cour	rt.			
Adequate provision has been made for the entered against it in any pending suit.	satisfaction of ar	ny judgment, o	rder or decree wi	hich ma	y be
signatures of the members having the same percentage of	f membership int	ierests necessa	ry to approve the	dissolı	ution:
Signature		Pri	nted Name		
John Will		rumacl	WHITE		
Λ				30	BIV/SE
				DEC	SION
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·····)Cra	RRY OF SIAT
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FILING FEE: \$25.00