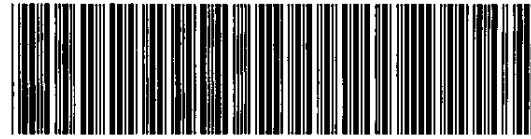


**L080000018363**



**200185371242**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

09/14/10--01017--026 \*\*43.75

10/21/10--01001--003 \*\*16.25

Special Instructions to Filing Officer:

**L. SELLERS**

OCT 25 2010

**EXAMINER**

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 22 PM 2:57

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 24/6 Services, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eudes De Casco  
(Name of Person)

(Firm/Company)

5745 SW 75<sup>th</sup> STREET UNIT #188  
(Address)

GAZNERVILLE, FL 32608  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eudes De Casco at ( 352 ) 565-8611  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check 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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2010

EUDES DE CRECY  
5745 SW 75TH STREET  
UNIT 188  
GAINESVILLE, FL 32608

SUBJECT: 24 / 6 SERVICES, LLC  
Ref. Number: L08000018363

We have received your document for 24 / 6 SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 410A00022082

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

24/6 Seadecss, LLC

2. The Articles of Organization were filed on FEBRUARY 20, 2008 and assigned document number

L080000018363

3. The date the dissolution was approved: SEPTEMBER 12, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

BOTH OWNERS AUTHORIZED DISSOLUTION OF THE COMPANY.

5. CHECK ONE:

All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

There are no suits pending against the company in any court.

-OR-

Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

[Signature]

EVANS RO GRACY Co-owner 50%

[Signature]

BOY ISROLOMAN Co-owner 50%

**FILED**  
10 OCT 22 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00