## LD8000351A9

(Requestor's Name)		
(Address)		
(Madicas)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
MAY -4 2011		
EXAMINER		

Office Use Only



600205218986

05/02/11--01052--004 \*\*25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Signature Title Asso	ociates, LLC
(N	ame of Limited Liability Company)
The enclosed Articles of Dissolution and fee(	-
Please return all correspondence concerning t	his matter to the following:
Candiss Walek	
	(Name of Person)
NA	
-	(Firm/Company)
3619 Barnweill St	
	(Address)
Land O Lakes, FL	
	(City/State and Zip Code)
For further information concerning this matte	r, please call:
Brian Walek	at (727 ) 364-4045
(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 S	
MAILING ADDRESS	
Registration Section Division of Corporation	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2008 and assigned document number
2011
I liability company's dissolution pursuant to section er letter).
ent cancelled due to lack of business.
oited liability company have been paid or discharged.
ed among its members in accordance with their respective
ny in any court.
isfaction of any judgment, order or decree which may be
embership interests necessary to approve the dissolution:
Printed Name
Candiss Walek
<b>7.</b> 0
ECRE CAH
HASS
F STATE ORID
2 1 2 2 1 i

FILING FEE: \$25.00