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| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| (Only Folder 2 ph Hone II) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| , , , | | |
| (Document Number) | | |
| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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07/08/09--01012--018 **25.00



C. LEWIS

JUL 9 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Sobe Rides LLC (Name of Limited Liability Company) | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Duke Lawrence (Name of Person) | | | |
| (Name of Ferson) | | | |
| (Firm/Company) | | | |
| 711 5+L S+. #303 (Address) | | | |
| | | | |
| Miam; Beach FL 33/39 (City/State and Zip Code) | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Duke Lawrence at (305) 397-3874 (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| | | | |
| Enclosed is a check for the following amount: | | | |
| \$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
2009 JUL -8 PM 2: 22
SECRETARY OF STATE
TALEAHASSEE, FLORIDA

| 1. The name of a limited liability company is Sohe Rides LLC | SECRETARY OF TORIU |
|--|--|
| 2. The Articles of Organization were filed on April 15 | 2008 and assigned document number |
| 3. The date the dissolution was approved: 7-15-2 | |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage) | er letter). |
| Change in City Ordinance. | |
| 5. CHECK ONE: | |
| -OR- | nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distribute rights and interests. | ed among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compar-OR- | ny in any court. |
| ••• | isfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of m | nembership interests necessary to approve the dissolution |
| Signature | Printed Name |
| Acces Land | Stacey Homstad |
| | Stacey Homstad Duke Lawrence |
| | |
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