L08000053918

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
DEC 1 6 2008
EXAMINER

Office Use Only

200138722032

12/15/08--01014--008 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

7 Royal Crown Court Germantown, MD 20876 December 12, 2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the form and filing fee of \$25.00 to dissolve the entity: Magic Hands Enterprises, LLC. Unforseen circumstances prevented the business from ever being established.

Thank you,

Kenneth A Piering

2008 DEC 15 PM 12: 24
SECRETARY OF STATE
AND ANASSEE, FLORIDA

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is					
MAGIC	HANDS	ENTER	PRISES, C	110	
2. The Articles of Organization were filed on	5-30	-2008	and assigned	documen	t number
3. The date the dissolution was approved:	12-20-0	28			
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on the following forms).			dissolution pursu	ant to sect	ion
Bysiness WAS					20
				FC) B
				HA HA	33
				SSE Sy	5
5. CHECK ONE:				100	2
All debts, obligations and liabilities of OR-Adequate provision has been made for				C7773	
 All remaining property and assets have been orights and interests. 	distributed amo	ng its member	s in accordance w	ith their re	espective
7. CHECK ONE:					
There are no suits pending against the OR- Adequate provision has been made for entered against it in any pending suit.	or the satisfaction	•	ment, order or dec	ree which	may be
ignatures of the members having the same percent	age of member	ship interests r	necessary to appro	ve the dis	solution:
/ Signature			Printed Name		
Kenned Whey Me			KENNETH A	Pie	RING
				 	