

L08000065504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

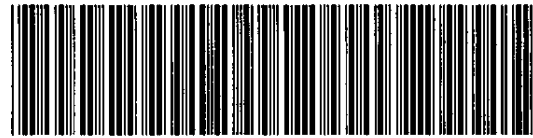
Special Instructions to Filing Officer:

**A. LUNT**

OCT 28 2010

**EXAMINER**

Office Use Only



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10/12/10--01005--022 \*\*25.00

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TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2010

RYAN LABOTT  
2400 WEST CYPRESS CREEK RD  
SUITE 202  
FORT LAUDERDALE, FL 33309

SUBJECT: LABOTSKY, LLC  
Ref. Number: L08000065504

We have received your document for LABOTSKY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 310A00024290

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LABOTSKY, 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:

RYAN LABOTT  
(Name of Person)  
LABOTSKY, LLC  
(Firm/Company)  
2400 WEST CYPRESS CREEK RD Suite <sup>202</sup>~~204~~  
(Address)  
FORT LAUDERDALE FL 33309  
(City/State and Zip Code)

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For further information concerning this matter, please call:

RYAN LABOTT at (954) 649-0135  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

LABOTSKY, LLC

2. The Articles of Organization were filed on 07/04/2008

L08000065504

3. The date the dissolution was approved: 10/1/10

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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. CHECK ONE:

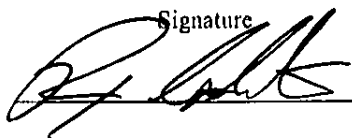
- All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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  
RYAN LABOTT  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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