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| PICK-UP WAIT MAIL | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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SECRETARY OF LIVE SECRETARY OF CORRESPONDED

COVER LETTER

| | on of Corporations | | |
|--|--|--|--|
| SUBJECT: _ | Southern Cl.SS.C (Name of L | imited Liability Company) | |
| | | | |
| The enclosed A | rticles of Dissolution and fee(s) are su | bmitted for filing. | |
| Please return al | l correspondence concerning this matte | er to the following: | |
| | James | S Currelmo Jr. (Name of Person) | |
| | Souther | (Firm/Company) | |
| | 1805 SE 21St terrace (Address) | | |
| | Cape Cural | FL 33990 y/State and Zip Code) | |
| For further information concerning this matter, please call: | | | |
| | Sames Gustielmo | at (239) 23-9360 (Area Code & Daytime Telephone Number) | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a che | ck for the following amount: | | |
| \$25.00 Filing B | See 30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

