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SECRETARY OF STATE
FALL AHASSEF FLORID.

COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	White Sand Photo, LLC				
_	(Name of L	imited Liability Company)		
The enclosed	Articles of Dissolution and fee(s) are su	bmitted for filing.			
Please return a	all correspondence concerning this matter	er to the following:			
	-				
	Paula Kish	(Name of Person)			
		(Name of Person)			
	**- *	(Firm/Company)			
	2133 NE 19th Place	(Address)	·		
	Cape Coral, Florida 33	909			
	· · · · · · · · · · · · · · · · · · ·	y/State and Zip Code)			
For further info	ormation concerning this matter, please	call:			
Pau	ula Kish	at (_239	322-8129		
	(Name of Person)	(Area Code	& Daytime Telephone Number)		
Enclosed is a ch	eck for the following amount:				
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is o	\$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	Registra Divisio Clifton	ET/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

·	
ompany's dissolution pursu	uant to section
ty company have been paid ions and liabilities pursuan	t to s. 608.4421.
ts members in accordance v	vith their respective
ourt.	
f any judgment, order or de	cree which may be
interests necessary to appre	ove the dissolution:
Printed Nam	e ⊼
Paula Kish	TECH 3
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	STATE CORID