

LD8000087229

(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:

Office Use Only



200142777412

02/05/09--01025--014 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 FEB -5 PM 12:33  
FILED

S. HAWKES  
FEB 06 2009  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BILLY BOY SOLUTIONS 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:

WILLIAM G STOCKTON  
(Name of Person)  
BILLY BOY SOLUTIONS LLC  
(Firm/Company)  
2823 HIGHLAND VIEW CIR  
(Address)  
CLERMONT, FLORIDA, 34711  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM G STOCKTON at ( 352 ) 536-9516  
(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**

**FILED**  
09 FEB -5 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**BILLY BOY SOLUTIONS LLC**

2. The Articles of Organization were filed on 10/1/2008 and assigned document number  
**LO8000087229**

3. The date the dissolution was approved: 12/16/2008

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).  
**SICKNESS THAT HAS MADE IT IMPOSSIBLE TO CONTINUE. THE BUSINESS NEVER GOT FULLY  
UNDERWAY DUE TO ILLNESS.  
TAX CERTIFICATE 45-8014938085-7  
BUSINESS PARTNER # 2933056**

**5. CHECK ONE:**

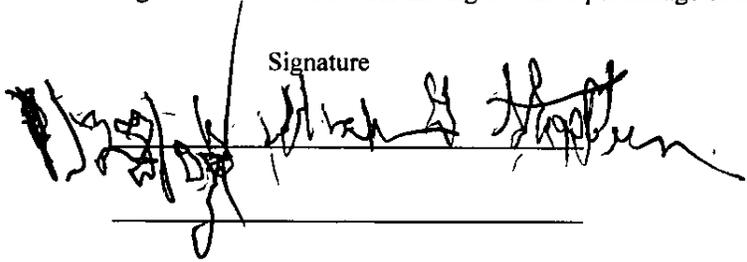
- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
- OR-
- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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

**WILLIAM G STOCKTON 100%**