(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 JAN 1 2 2008 EXAMINER	•		
(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 JAN 1 2 2008	(Requestor's Name)		
(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 JAN 1 2 2008	(Address)		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT JAN 1 2 2008	(Address)		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT JAN 1 2 2008	(City/State/Zip/Phone #)		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT JAN 1 2 2008	PICK-UP WAIT MAIL		
Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT JAN 1 2 2008	(Business Entity Name)		
Special Instructions to Filing Officer: A. LUNT JAN 1 2 2008	(Document Number)		
A. LUNT JAN 1 2 2008	Certified Copies Certificates of Status		
JAN 1 2 2008	Special Instructions to Filing Officer:		
	A. LUNT		
EXAMINER	JAN 12 2008		

Office Use Only



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COVER LETTER

	istration Section and the state of the state	
SUBJECT: _	LBWT	
	(Name of Limited Liability Company)	
The enclosed	Articles of Dissolution and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	LUKE THORNTON (Name of Person)	
	(Name of Person)	
		2009
	(Firm/Company)	
	450 OSPREY POINT	JAN -9 PM L
	(Firm/Company) 450 OSPREY POINT (Address) PONTE VEDRA BEACH, FL 32082 (City/State and Zip Code)	PM 4: 0
	(City/State and Zip Code)	יייי ס
	· S	
For further inf	formation concerning this matter, please call:	
	(Name of Person) at (904) 285-2752 (Name of Person) (Area Code & Daytime Telephone Numb) Ler)
Enclosed is a ch	heck for the following amount:	
\$25.00 Filing	g Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &

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	
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved:	•
_	imited liability company's dissolution pursuant to section cover letter). ness done with this LC
	- 9 - 9 - 9 - 9 - 9
5. CHECK ONE:	
—OR-	ne limited liability company have been paid discharged. he debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distrights and interests. 	ributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the co OR- Adequate provision has been made for the entered against it in any pending suit.	ompany in any court. ne satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage	of membership interests necessary to approve the dissolution
Signature	Printed Name
Busin Thornton	LUKE THORNTON
Judaca Thorston	BARBARA THORNTON
	

FILING FEE: \$25.00