| (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

MAR 15 2010

**EXAMINER** 

Office Use Only



000170925520

03/12/10--01023--001 \*\*30.00

## **COVER LETTER**

|             | tion Section<br>of Corporations             |  |  |  |
|-------------|---|--|--|--|
| SUBJECT:    | Shan-tron M. New. (Name of Limite           | SOME LLC<br>d Liability Company)                     | <del></del>  |  |
|             | icles of Dissolution and fee(s) are submitt | <del>-</del>   |  |  |
|             | SHANTRON N                                  | 1. NEWSOME   |  |  |
|             | Shantron M.                                 |  | 2010 HAR 12 PM 2: 4- SECRE JARY OF STATE TALLAH ASSEE, FLORIE        |  |
|             | ······································      | /Company)  | HAR 12 PM  |  |
|             | 8820 NW 17th AVE (Address)                  |  |  |  |
|             | Miami, F                                    | Address)<br>L 331417                                 | 2:47<br>LORIDA   |  |
|             | (City/Stat                                  | e and Zip Code)                                      |  |  |
|             | nation concerning this matter, please call: |  |  |  |
|             | Shantron M. Newsome<br>(Name of Person)     | at ( <u>305</u> ) <u>836</u><br>(Area Code & Daytime | -879(p<br>e Telephone Number)  |  |
|             | s for the following amount:                 | \$55.00 Filing Fee &                                 | \$60.00 Filing Fee,  |  |
| <del></del> | Certificate of Status                       | Certified Copy (additional copy is enclosed)         | Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|             | MAILING ADDRESS:                            | STREET/COU   | RIER ADDRESS:  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 SHANTRON M. NEWS   | SOME LLC  |
|--|---|
| 2. The Articles of Organization were filed on <u>DCHobel</u><br><u>LO8000/02226</u>                                |   |
| 3. The date the dissolution was approved: March (  | 01, 2010  |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover | liability company's dissolution pursuant to section letter).  |
| to execute for the hiring Comp   | ompleted resulting with no work   |
| further work of previous Kind a  | nd other forms of work, there-  |
| Fore I am closing my Shantron  | M. Newsome LLC this day, 03-01-10.  |
| 5. CHECK ONE:  |   |
| -OR-   | ted liability company have been paid or discharged.  ts, obligations and liabilities pursuant to s. 608.4421. |
| rights and interests.  | ramong its members in accordance with their respective  |
| 7. CHECK ONE:  |   |
| There are no suits pending against the compan  | y in any court.   |
| Adequate provision has been made for the satisentered against it in any pending suit.                              | sfaction of any judgment, order or decree which may be  |
| ignatures of the members having the same percentage of me  | embership interests necessary to approve the dissolution:   |
| Signature  | Printed Name  |
| Shantron M. Deusone  | SHANTRON M. NEWSOME   |
| /  |   |
|  |   |
|  |   |
|  |   |

FILING FEE: \$25.00