# L08000114030

| (Requestor's Name)                                 |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
| (Address)  |  |  |  |  |  |
|  |  |  |  |  |  |
| (Address)  |  |  |  |  |  |
| (Address)  |  |  |  |  |  |
|  |  |  |  |  |  |
| (City/State/Zip/Phone #)                           |  |  |  |  |  |
|  |  |  |  |  |  |
| PICK-UP WAIT MAIL                                  |  |  |  |  |  |
|  |  |  |  |  |  |
| (Business Entity Name)                             |  |  |  |  |  |
| (233,1000 2,100,100,100,100,100,100,100,100,100,10 |  |  |  |  |  |
|  |  |  |  |  |  |
| (Document Number)                                  |  |  |  |  |  |
|  |  |  |  |  |  |
| Certified Copies Certificates of Status            |  |  |  |  |  |
|  |  |  |  |  |  |
| Special Instructions to Alice to Fine              |  |  |  |  |  |
| Special Instructions to Hilling Officer:           |  |  |  |  |  |
| MAY 27 2010  |  |  |  |  |  |
|  |  |  |  |  |  |
| EXAMINER   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

900208112889

05/26/11--01034--014 \*\*25.00

ZOILMAY 26 PH 1: 21

Office Use Only

#### **COVER LETTER**

|                  | ration Section on of Corporations   |                      |
|------------------|---|----------------------|
| SUBJECT:         | Gibson Holdings LLC   |                      |
|                  | (Name of Limited Liability dompany)   |                      |
| The enclosed A   | articles of Dissolution and fee(s) are submitted for filing.  |                      |
| Please return al | I correspondence concerning this matter to the following:   |                      |
|                  | Shari NADLER  |                      |
|                  | Ginson Holding LLC  | BFIC U               |
|                  | 3289 St. Anger Derve =  | hanne at             |
|                  | Bock Raten F/ 33496   | k <sub>rysen</sub> t |
|                  | (City/State and Zip Code)   |                      |
| For further info | ormation concerning this matter, please call:   |                      |
|                  | (Name of Person) at (9/7) 903-5928 (Area Code & Daytime Telephone Number)   |                      |
| <del></del>      | eck for the following amount:   |                      |
| \$25.00 Filing I | Fee 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  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

| The name of a limited liability company is   | ibon A                               | Islding         | s LL             | _                    |                         |
|--|--------------------------------------|-----------------|------------------|----------------------|-------------------------|
|  | , ,                                  |                 | d assigned doc   |                      | umber                   |
| 3. The date the dissolution was approved:  | 15/2011                              | ·               |                  |                      |                         |
| 4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co   | ted liability compover letter).      | any's dissolu   | tion pursuant to | section              | 1                       |
| No longer in h   | 1031405)                             | <del></del>     | 2.3              | A                    | <b>1</b> 17             |
| /  |                                      | <del> </del>    | <i>(π.</i> ξ,    | 2                    | Es seven<br>Ponter site |
|  |                                      |                 | Fri es           |                      | in a second             |
|  |                                      |                 |                  |                      | There,                  |
| 5. CHECK ONE:  |                                      |                 |                  | 2                    |                         |
| All debts, obligations and liabilities of the landscape o | debts, obligations uted among its mo | and liabilities | s pursuant to s. | 608.442<br>neir resp | 21.<br>ective           |
| gnatures of the members having the same percentage of  | membership inte                      | rests necessar  | ry to approve th | ie dissol            | ution:                  |
| Signature  |                                      | Prir            | nted Name        |                      |                         |
| - Sa Mila  |                                      | Shavi           | MADLEF           | ·                    |                         |
|  |                                      |                 | <del></del>      |                      | <del></del>             |
|  | <del></del>                          | <u>-</u> -      |                  | <del></del>          |                         |
|  |                                      | -               | <u> </u>         | <del></del>          | <del></del>             |
|  |                                      |                 |                  |                      |                         |