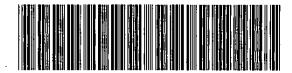
L09000018560

(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:				
·				





000160837760

į

09/21/09--01011--003 **25.00



S. HAWKES

SEP 2 2 2009

EXAMINER

COVER LETTER

	tion Section of Corporations			
SUBJECT: Ba	askets Of Knowledge, Ll	LC.		
	(Name of Lin	nited Liability Company)	
The enclosed Art	icles of Dissolution and fee(s) are subr	nitted for filing.		
Please return all	correspondence concerning this matter	to the following:		
	Michael Cases			
-	4)	lame of Person)		
1	Baskets Of Knowledge, INC.			
-	(Firm/Company)			
	2301 NE 211 Street			
		(Address)		
	North Miami Beach, FL	33180		
•	(City/	State and Zip Code)		
For further inform	nation concerning this matter, please ca	all:		
Micha	ael Cases	at (305	₎ 815.0015	
	(Name of Person)	(Area Code	& Daytime Telephone Number)	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	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 ADDDESS.	OMBE	EM/COMPAND ADDRESS	

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 Baskets Of Knowledge, LLC. 	
2. The Articles of Organization were filed on 2/2 L09000018560	and assigned document number
3. The date the dissolution was approved: Septemb	per 11, 2009
 A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov 	ed liability company's dissolution pursuant to section
working on the company as well as	pursuing with the corporation name.
5. CHECK ONE:	
All debts, obligations and liabilities of the line OR-Adequate provision has been made for the de	mited liability company have been paid or discharged. ebts, obligations and liabilities pursuant to s. 608.4421. ted among its members in accordance with their respective
7. CHECK ONE: There are no suits pending against the compa	any in any court.
entered against it in any pending suit.	
Signature Signature	membership interests necessary to approve the dissolution: Printed Name
	Michael Cases
· · · · · · · · · · · · · · · · · · ·	

FILING FEE: \$25.00