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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE

J. BRYAN

MAY 11 2010

EXAMINER

COVER LETTER

CARLON COMPLY OF CHARACTERS

TO: Registration Section Division of Corporations	
SUBJECT: FOEDA FIALS HISH CHARLES (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:	
KANDY WILLAMS (Name of Person) FORIO A FLAS (Firm/Company) 2304 CADILLAC ST (Address) (City/State and Zip Code)	TO MAY OF STATE
For further information concerning this matter, please call:	
(Name of Person) at (Area Code & Daytime Telephone Number)	}_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status	e. s &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

wy Charters
and assigned document rumber
y company's dissolution pursuant to section).
bility company have been paid or discharged. gations and liabilities pursuant to s. 608.4421. g its members in accordance with their respective y court. n of any judgment, order or decree which may be
hip interests necessary to approve the dissolution:
Printed Name Estate With the second of the

FILING FEE: \$25.00