DADOOBATS

(Requestor's Name)		
(Address)		
(Address)		
(CityliState/Tip/Dhana 40		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

NOV 29 2011

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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 APRI	and assigned document number
 3. The date the dissolution was approved:	l liability company's dissolution pursuant to section
 Adequate provision has been made for the det 6. All remaining property and assets have been distribute rights and interests. 7. CHECK ONE: There are no suits pending against the comparation. 	ited liability company have been paid or discharged. ots, obligations and liabilities pursuant to s. 608.4421. d among its members in accordance with their respective my in any court. isfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	embership interests necessary to approve the dissolution:
Signature	Printed Name
	OSECRETARY TALLAHASSE
	OF STATE