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(Danish Maria)				
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(Address)				
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(City/State/Zip/Phone #)				
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N. Cuffigan MAY 1 1 2011

# **COVER LETTER**

	n of Corporations
SUBJECT:	S2 DECREES CEUS UCC (Name of Limited Liability Company)
	(Name of Emiliary Company)
The enclosed Ar	ticles of Dissolution and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	(Name of Person)
	(Name of Person)
	(Firm/Company)
	17205 NW MIST PLACE (Address)
	(Address)
	ALACHUA FL 326(5  (City/State and Zip Code)
	(City/State and Zip Code)
For further infor	rmation concerning this matter, please call:
	(Name of Person) at (352) 811 6650 (Area Code & Daytime Telephone Number)
Enclosed is a chec	ek for the following amount:
\$25.00 Filing F	

### **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	$ ilde{j}$
32 DEALERS CEU U	_C
2. The Articles of Organization were filed on	4 20 09 and assigned document number
3. The date the dissolution was approved:	4 1 11
608.441, Florida Statutes, (copy 608.441 on back co	•
Coerally Egreenant	GOTICLE C - DISSOLUTION
	dissolve LL
3,,	
5. CHECK ONE:	
	limited liability company have been paid or discharged.
OR- Adequate provision has been made for the	debts, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>6. All remaining property and assets have been distrib rights and interests.</li> </ol>	uted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the com	pany in any court.
` <b>□</b> -OR-	satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	f membership interests necessary to approve the dissolution:
Signature	Printed Name
	Tim Day
	Susa Tillman
Har P.T.	Tim Shan

### DISSOLUTION LETTER FOR

# 32 Degree CEUs LLC

A Limited Liability Company

## Persuant to Article X (Dissolution) of the OperatingAgreement

### ARTICLE X. DISSOLUTION

SECTION 1. Termination of LLC. The LLC will be dissolved and its affairs must be wound up only upon the DATE: 5/1/11 written consent of a majority of the Members.

The following members agree to dissolve the company		
hereinafter, ("Members" or "Parties").		
SUSAN TILLMAN	TIMOTHY DAY	
Name of Member: Susan Tillman	Name of Member:	Timothy Day
Address: 2816 NW 12th Place	Address:	17205 NW 171st Place
City. State. Zip: Guinesville, Fr 32605	City, State, Zip:	Alachua FL 32615
Phone: 352 538-4178	Phone:	352 505 8444
TIMOTHY SHAY	JASON GOSS	7\
Name of Member: Timothy Shay	Name of Member:	Jason Goss
Address: 100095W 83 MAZY	Address: 17752	NW 177th Ave
City, State, Zip: Gimiesule Ec	City, State, Zip:	Alachua FL 32615
Phone: 352 +95 3743	Phone: 386-46	A 2237
DEREK MILES	GIOGIO ZEPPLER	
Name of Member:	Name of Member:	Jim gabbin,
Address: 5401 NW 43 P	Address: 10810	( SW 8312 Pl.
City, State, Zip: Games ville FL 30606	City, State, Zip:	samesville, Fr. 33608
Phone: 352 351 6454	Phone: 353	-641-6133

Name of Member:

Address: 13514 SWEETS To

City, State, Zip: Archr, FL 32618

Phone: 352 371-1887

352-444-16151

Phone:

City, State, Zip: Gnot., Fl 32407

Name of Member: Address: 11277 NW 31st

State, Zip: Gainesville, FL 32606

\$52-222-3681 Phohe:

470 NW

Phone:

MIKE WASIK

Name of Member: Mice\_C

City, State, Zip: Conesule Fo

Phone: 352 222 1656

**SECTION 2** 

Effective Date of Dissolution: May 1st 2011

**SECTION 3** 

Per the written consent of the members (above) we agree to dissolve the company

All debts, obligation and liabilities of the LLC have been paid or discharged

**SECTION 5** 

All remaining assets have been distributed among the members in accordance with the respective rights and privileges

SECTION 6

There are no pending suits against the company

Timothy I Day

Managing Membe

Timothy J Shay Managing Member

BEN DOODY

Name of Member:

Jason Goss

Address:

City, State, Zip:

Alachua FL 32615

Phone:

JAMIE WHITTAKE

Name of Member: Janie Whi Haker Watts

Address: 6503 NW 274 St. City, State, Zip: Counesville, Fl.

246-0371

Susan Tillman

Managing Member