

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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G. MCLEOD

ΔPR 12 2010

EXAMINER



100174859951

04/08/10--01010--015 **25.00

10 APR -8 PHIZ: 38

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CT: BURGERS-N-PARADISE LLC
	(Name of Limited Liability Company)
The end	losed Articles of Dissolution and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
	ROBIN E HOOD .
	(Name of Person)
	· (Firm/Company)
	12398 WILD ACRES ROAD
	(Address)
	LARGO, FL 33773
	(City/State and Zip Code)
For fur	her information concerning this matter, please call:
	SANDRA HIMBER CPA at (727) 345-4639
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	I is a check for the following amount:
\$25.0	Solution from Status Solution Status Stat
	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

05/	21/2000
2. The Articles of Organization were filed on L09000049799	21/2009 and assigned document number
3. The date the dissolution was approved: 10/31	/09
4. A description of occurrence that resulted in the li 608.441, Florida Statutes, (copy 608.441 on back THE COMPANY WAS LOSING N	imited liability company's dissolution pursuant to section k cover letter). MONEY.
5. CHECK ONE:	
-OR-	he limited liability company have been paid or discharged.
	he debts, obligations and liabilities pursuant to s. 608.4421.
<u> </u>	ributed among its members in accordance with their respective
6. All remaining property and assets have been dist rights and interests.	
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FILING FEE: \$25.00