## 1\_0900054075

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| <u>_</u>                                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Energ Hame)                   |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
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G. MCLEOD

JAN 14 2010

EXAMINER



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01/13/10--01011--021 \*\*25.00

10 JAN 13 PH 2: 49

SECRETARY OF STATE DIVISION OF CORFORATION

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| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Ultimate Screens LLC (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:  |
| Ashleigh Gonzakz (Name of Person)   |
| (Firm/Company)  |
| Sanford, FL 3571.  (City/State and Zip Code)  |
| For further information concerning this matter, please call:  |
| (Name of Person) at (407) 402 U44  (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:  \$25.00 Filing Fee \$  Certificate of Status  \$55.00 Filing Fee \$  Certificate Of Status  \$60.00 Filing Fee.  Certificate of Status &  Certified Copy (additional copy is enclosed)  \$40.00 Filing Fee.  Certificate of Status &  Certified Copy (additional copy is enclosed) |

## 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  Ultimate Screens LLC.  |
|---|
| 2. The Articles of Organization were filed on 642009 and assigned document number L0900054075.  |
| 3. The date the dissolution was approved:   |
| 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). |
| NO income, no jobs, no business, no profit.   |
|   |
| 5. CHECK ONE:   |
| All debts, obligations and liabilities of the limited liability company have been paid or discharged.   |
| Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.  |
| 6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.  |
| 7. CHECK ONE:   |
| There are no suits pending against the company in any court.  |
| OR- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.                                 |
| ignatures of the members having the same percentage of membership interests necessary to approve the dissolution:   |
| Signature Printed Name  |
| Oshleigh Gonzalez   |
| My Shristopher-Gonzalez   |
| <b>5</b> Sign   |
| AN O  |
| <del></del>   |
|   |
| FILING FEE: \$25.00   |