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| PICK-UP                        | WAIT              | MAIL        |
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| Certified Copies               | Certificates of S | Status      |
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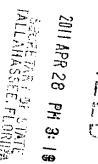
**EXAMINER** 

Office Use Only



200202936662

04/28/11--01004--010 \*\*25.00



## **COVER LETTER**

TO:

Registration Section

| SUBJECT:                | L'ATTITUDES MANAGE<br>(Name of  | Limited Liability Company)   |            |
|-------------------------|---|--|------------|
|                         |   |  |            |
| The enclosed            | Articles of Dissolution and fee(s) are s  | submitted for filing   |            |
| Please return           | all correspondence concerning this mat  | tter to the following:   |            |
|                         | e d   |  | 201        |
|                         | Tina Caine  | الله الله الله الله الله الله الله الله  |            |
|                         |   | (Name of Person)   | APR 2      |
|                         |   | ائ این<br>در این ا<br>در این در این در این این این در این این در این  | · C3       |
| (Firm/Company)          |   | (Firm/Company)   |            |
|                         | 210 16th Ave #2   | אל אות<br>שור היינו אינו אינו אינו אינו אינו אינו אינו   |            |
|                         | 210 101111110112  | (Address)  | v no       |
|                         | Indian Backs Booch I  | TI 00705   |            |
|                         | Indian Rocks Beach, I   |  |            |
|                         |   |  |            |
|                         |   | ity/State and Zip Code)  |            |
| For further in:         |   | rity/State and Zip Code)   |            |
|                         | formation concerning this matter, pleas   | eity/State and Zip Code) se call:  |            |
|                         | (C  | rity/State and Zip Code)   |            |
| <u>Tin</u>              | formation concerning this matter, pleas  a Caine  (Name of Person)  | ity/State and Zip Code) se call: at ( 727 ) 804-7634   |            |
| Tin                     | formation concerning this matter, pleas  a Caine  (Name of Person)  heck for the following amount:  | ity/State and Zip Code) se call:at (   |            |
| Tin                     | formation concerning this matter, pleas  a Caine (Name of Person)  heck for the following amount:   | at ( 727 ) 804-7634  (Area Code & Daytime Telephone Number)  \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Status   |            |
| Tin                     | formation concerning this matter, pleas  a Caine  (Name of Person)  heck for the following amount: g Fee 30.00 Filing Fee &   | at ( 727 ) 804-7634  (Area Code & Daytime Telephone Number)  | &          |
| Tin                     | formation concerning this matter, pleas  a Caine  (Name of Person)  heck for the following amount: g Fee 30.00 Filing Fee &   | at ( 727 ) 804-7634  (Area Code & Daytime Telephone Number)  \$55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy                                  | &          |
| Tin                     | formation concerning this matter, pleas  a Caine  (Name of Person)  heck for the following amount: g Fee 30.00 Filing Fee &   | at ( 727 ) 804-7634  (Area Code & Daytime Telephone Number)  \$55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy                                  | & enclosed |
| Tin                     | formation concerning this matter, pleas  a Caine  (Name of Person)  heck for the following amount:  g Fee 30.00 Filing Fee & Certificate of Status  MAILING ADDRESS: Registration Section | at 727 804-7634  (Area Code & Daytime Telephone Number)  \$55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status (additional copy is enclosed)  STREET/COURIER ADDRESS Registration Section | & enclosed |
| Tin<br>Enclosed is a cl | formation concerning this matter, pleas  (Name of Person)  theck for the following amount:  (See 30.00 Filing Fee & Certificate of Status)  MAILING ADDRESS:                              | at (727 804-7634  (Area Code & Daytime Telephone Number)  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS  | & enclosed |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| SEE E.   |
|--|
| بن بن  |
| and assigned document number   |
| ·  |
| iability company's dissolution pursuant to section letter).  |
| members of the limited liability compan  |
|  |
| ed liability company have been paid or discharged. s, obligations and liabilities pursuant to s. 608.4421. |
| among its members in accordance with their respective  |
|  |
| in any court.  |
| faction of any judgment, order or decree which may be  |
| mbership interests necessary to approve the dissolution:   |
| Printed Name   |
| Kristina N Caine   |
| Joyce F Goforth  |
|  |
|  |
|  |

FILING FEE: \$25.00