(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

APR 16 2010

**EXAMINER** 



600175360656

04/14/10--01008--005 \*\*25.00

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Creen RV LIVING, 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:
Christina Harris (Name of Person)
(Name of Person)
(Firm/Company)
Gaines Ville, Fi 32605  (City/State and Zip Code)
(Address)
Gainesville, M 3260S
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352) 514-1748  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Solution Status Solution S

### **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 Green RV LIVING, C	LC.
2. The Articles of Organization were filed on	iment number
3. The date the dissolution was approved:  4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to 608.441, Florida Statutes, (copy 608.441 on back cover letter).  Business wasn't profit ble	
<ul> <li>5. CHECK ONE:</li> <li>All debts, obligations and liabilities of the limited liability company have been paid or dis OR-OR-Adequate provision has been made for the debts, obligations and liabilities pursuant to s.</li> <li>6. All remaining property and assets have been distributed among its members in accordance with the rights and interests.</li> <li>7. CHECK ONE:</li> </ul>	608.4421.
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 ventered against it in any pending suit.	vhich may be
Signatures of the members having the same percentage of membership interests necessary to approve the	e dissolution:
Signature Printed Name  Jena R S/00	um_
Mhstmund Christina M Ha	DVISION SECR
	FTARY BY
FILING FEE: \$25.00	0: 19