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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: V. GAYLE VVHITE (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:
(Name of Person)
(Firm/Company)
117 RIVERS EDGE DR. (Address)
EAST PALATEA, PL 32131 (City/State and Zip Code)
For further information concerning this matter, please call:
V GAYLE WHITE at 386 983.2953 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	
V. GAYLE WHIT	TE, LLC
V. 644LE WH17 2. The Articles of Organization were filed on7	7/15/2009 and assigned document number
 3. The date the dissolution was approved: 3-3 4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back compared to the com	ited liability company's dissolution pursuant to section
RETIRED	
-OR-	limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421.
- · ·	outed among its members in accordance with their respectiv
There are no suits pending against the comp	npany in any court. satisfaction of any judgment, order or decree which may be
	f membership interests necessary to approve the dissolution
Signature Signature	V. GAYLE WHITE