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(Re	equestor's Name)		
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(Address)			
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
,			
(Business Entity Name)			
,	tomoso Emity Man	,	
(DC	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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SEURETARY OF STATE
AND AHASSEE, FLORID

C. LEWIS

SEP 1 42010

EXAMINER

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	6300 S. DIXIE, LLC			
		Liability Company)		
The enclosed /	Articles of Dissolution and fee(s) are submittee	l for filing.		
Please return a	all correspondence concerning this matter to the	e following:		
	GARY SMIGIEL			
	(Name	of Person)		
	6300 S. DIXIE, LLC			
(Firm/Company)				
	P. O. BOX 540669			
	(Ad	dress)		
LAKE WORTH, FL 33454-0669				
	(City/State	and Zip Code)		
For further inf	formation concerning this matter, please call:			
VAI	LERIE TARPLEE	at (561) 968-	3605	
	(Name of Person)	(Area Code & Daytime	e Telephone Number)	
Enclosed is a ch	heck for the following amount:			
\$25.00 Filing	g Fce 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 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/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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LSECRE TARY OF STATE TAUL AHASSEE JELORID
and assigned document number
any's dissolution pursuant to section
TO MAKE A
mpany have been paid or discharged. and liabilities pursuant to s. 608.4421. embers in accordance with their respective
rjudgment, order or decree which may be rests necessary to approve the dissolution:
Printed Name
RY SMIGIEL
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· OMICILL