L10000001814

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

Office Use Only



700231595057

04/27/12--01017--006 **30.00

12 APR 27 AM II: 52 SECKETANY OF STATE ALLIAMASSEE FLOOR

N. Outson APR 3 0 2012

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Aimee Wright 1074 LhC (Name of Limited Liability Company) |
| (Name of Elimited Elability Company) |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Aimee Trott |
| (Name of Person) |
| |
| (Firm/Company) |
| SACASOLA FL 34241 |
| . (Address) |
| SArASO-1A FL 34241 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Aimee Trott at (941) 311-1850 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 12 APR 27 AMIL: 52
SECRETARY OF STATE

| The name of a limited liability compa | | wright | - TYO | LLAHASSEE, FILE | DRIDA — |
|---|---------------------------------------|------------------------------|---------------|----------------------|------------|
| 2. The Articles of Organization were file | d on ì - G | .2010 | and a | ssigned document i | ıumber |
| 3. The date the dissolution was approved | : 4/2 | 1/12 | · | | |
| 4. A description of occurrence that result 608.441, Florida Statutes, (copy 608.4 | ed in the limited 41 on back cover | liability company 'eletter). | 's dissolutio | n pursuant to sectio | n |
| | cidea. | to cluse | . the | Company | du |
| 5. CHECK ONE: All debts, obligations and liab OR- Adequate provision has been | | | | | |
| All remaining property and assets have rights and interests. | e been distributed | l among its membe | ers in accord | lance with their res | pective |
| 7. CHECK ONE: There are no suits pending aga OR- Adequate provision has been a entered against it in any pendi | made for the satis | • | gment, orde | r or decree which r | nay be |
| . Signatures of the members having the same | percentage of me | embership interests | s necessary t | o approve the disso | olution: |
| Signature | | | | d Name | |
| Stoth | | <u>1-170</u> | nee | 7007+ | |
| | | **** | | | |
| | | | | | |
| | | | | | |