10000018543

| (Requestor's Name) |
|---|
| (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: |
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| |

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B. BOSTICK
MAR 10 2010
EXAMINER

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Quality Home Check 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: |
| Parisa J. Deserry (Name of Person) |
| QUALITY Home Check LLC (Firm/Company) |
| 1333 SHILOH CT. (Address) The Uillage Fr. 32102 SSEY (City/State and Zip Code) |
| (Address) Hu Villages Fl 32/12 (City/State and Zip Code) |
| the Victores FL 32162 A |
| (City/State and Zip Code) |
| (City/State and Zip Code) For further information concerning this matter, please call: |
| Para DeBerry at (352) 430 - 0238 (Name of Person) (Area Code & Daytime Telephone Number) |
| Frankrick in a short Continue Collegeign and continue |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

| 1. The name of a limited liability company is | |
|---|---|
| QUALITY Home | Chack LLC |
| 2. The Articles of Organization were filed on3 | |
| 3. The date the dissolution was approved: | ability company's dissolution pursuant to section |
| 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the company OR- | among its members in accordance with their respective |
| Signature Signature Signature | Printed Name PAULA J. DeBerry |
| | |

FILING FEE: \$25.00