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(Requestor's Name)						
(Address)						
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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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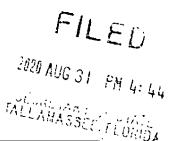
2929 AUG 31 PH 4: 44



COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	Clarissa Mobley LLC					
obstati.	(Name of Limited Liability Company)					
he enclosed	Articles of Dissolution and fee(s) are submi	tted for filing.				
lease return a	all correspondence concerning this matter to	the following:				
	Gwen L Martin					
	(Name of Person)					
	(Firm/Company)					
	10168 Mimosa Silk Drive					
	(Address)					
	Fort Myers, FL 33913					
	(City/St	ate and Zip Code)				
or further inf	ormation concerning this matter, please call	:				
Gwe	n Maritn	239 940-2570				
	(Name of Person)	at () (Area Code & Daytime Telephone Number)				
nclosed is a ch	neck for the following amount:					
■ \$25.0	■ \$25.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclosed)					
<u>M</u> aili	ing Address:	Street Address:				
	istration Section	Registration Section				
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee				
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is Clarissa Mobley LLC		FALLAHASSEE FLORI				
2.	The Articles of Organization were filed on $\frac{2/19/2010}{}$	and	assigned				
	document number L10000019424						
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.						
4.	A description of occurrence that resulted in the limited 605.0707, Florida Statutes, (copy 605.0707 on back cov	liability company's dissolut	ion pursuant to section				
	Closed down company						
	Closed down company						
	Closed down company						
5.	If there are no members, enter the name and address of activities and affairs:	the person appointed to win	d up the company's				
							
							
6. ab	Signature of an authorized person or if there are no merove to wind up the company's activities and affairs:	mbers, the signature of the p	erson appointed and listed				
	H / M .						
	Signature Ortho	Gwen Martin Printed Nam					
		rimica Nan	L				

FILING FEE: \$25.00