110000032511

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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03/19/12--01001--009 **25.00

T. CLINE

MAR 1 6 2012

EXAMINER



January 19, 2012

JOLANE WEEKS P.O. BOX 117 LOWELL, FL 32663

SUBJECT: TARA STABLES LLC Ref. Number: L10000032511

We have received your document for TARA STABLES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 112A000012967

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tara Stables 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:	
Jolane Weeks (Name of Person)	
Tara Stables (Firm/Company)	
P.O. Box 117	
(Address) Lowell, +1 32663	
(City/State and Zip Code)	<u>~</u>
	· res
Joiane Wells at (532) 807-21/10 a	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \tex	osed)

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	e 5	
2. The Articles of Organization were filed on	3/24/10	and assigned document number
3. The date the dissolution was approved:	-/-//	<u>_</u> .
4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back Tired of not g married t hust have to work.	nited liability company's dicover letter). Letting Paid Land Said	Solution pursuant to section Lo Co F You don F
5. CHECK ONE: All debts, obligations and liabilities of the OR- Adequate provision has been made for the 6. All remaining property and assets have been distrights and interests. 7. CHECK ONE: There are no suits pending against the continuous continuo	e debts, obligations and lial buted among its members	pilities pursuant to \$ 608.4421.
OR- Adequate provision has been made for the entered against it in any pending suit.	-	ent, order or decree which may be
Signatures of the members having the same percentage	of membership interests ne	cessary to approve the dissolution:
Signature Jolane Weeks	Jola	Printed Name ne Weeks
<u>// </u>	<u></u>	

FILING FEE: \$25.00