L100000880860

(Requestor's Name)		
(Address)		
(Address)		
•	•	
(City	//State/Zip/Phone	: #)
(-1.)	,, o ,	,
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
	,	
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Special Instructions to Filing Officer:		

Office Use Only



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12 APR -9 PH 4: 20
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

APR 1 0 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2012

RAQUEL SPRATT 5575 SW 87TH LANE OCALA, FL 34476

SUBJECT: ALL ABOUT TEEZ, LLC

Ref. Number: L10000088086

We have received your document for ALL ABOUT TEEZ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

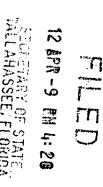
A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 512A00010329



COVER LETTER

Division of Corporations			
SUBJECT: All About teez 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:			
Raguel Spratt			
(Name of Person)			
All About tecz	<u> </u>		
(Film/Company)		72	
5575 SW 87th lane			
(Address)	ASSI (A.S.)	4	1
Ocala F1 34476		70 52	ITI
(City/State and Zip Code)	118	<u></u>	
For forther information concerning this methor places only		13	
For further information concerning this matter, please call:			
(Name of Person) at (350) 361-772 (Area Code & Daytime Telephone Num	96 mber)		
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 & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy		

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	+ec2
2. The Articles of Organization were filed on 8/33/00 	/ D and assigned document number
3. The date the dissolution was approved: 12/1/2	0/
4. A description of occurrence that resulted in the limited liability 608.441, Florida Statutes, (copy 608.441 on back cover letter).	company's dissolution pursuant to section ike any Money.
5. CHECK ONE:	
All debts, obligations and liabilities of the limited liabil OR-Adequate provision has been made for the debts, obligations	• • • • • • •
 All remaining property and assets have been distributed among rights and interests. 	its members in accordance with their respective
7. CHECK ONE:	•
There are no suits pending against the company in any control of the satisfaction of t	
Signatures of the members having the same percentage of membership	interests necessary to approve the dissolution:
Raguel Spratt	Printed Name Popul Sprating 20 September 1997 Printed Name Printed N
	FLERIDA

FILING FEE: \$25.00