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### COVER LETTER

TO:

Registration Section Division of Corporations

·	
PHILIP M SHASTEEN	
(Name of Person)	
(Firm/Company)	
2920 WEST HARBOR VIEW AVENUE	
(Address)	
TAMPA, FL 33611	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
PHILIP M SHASTEEN 813 225-2500	
(Name of Person) (Area Code & Daytime Telephone Number	ег)
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee and Certificate of Dissolution  — \$55.00 Filing Fee, Certificate of Dissolution  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

document number L10000  3. The delayed effective date to deffective  4. A description of occurrence 605.0707, Florida Statutes, (Cessation of business of the company of th	n were filed on DECEMBER 1, 2010 and assigned
3. The delayed effective date to deffective 4. A description of occurrence 605.0707, Florida Statutes, (Cessation of business of the company	
4. A description of occurrence 605.0707, Florida Statutes, ( Cessation of business of the company of the compan	123936
Cessation of business of the control	he dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing)
5. If there are no members, en	that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
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activities and affairs:	er the name and address of the person appointed to wind up the company's
	Fig.
	27 °
5. Signature of an authorized printed and in the confidence of the	person or if there are no members, the signature of the person appointed and:
based now to write up the cor	party's activities and arrains.
	PHILIP M SHASTEEN
Signature	Printed Name