11000041699

| (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. |

L. SELLERS

APR 29 2011

EXAMINER

Office Use Only



200205216452

04/28/11--01016--020 **25.00

COVER LETTER

| Division of Corporations | | |
|---|--|--|
| SUBJECT: Dominick's, 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: | | |
| Suzanne N. Whibbs | | |
| (Name of Person) | | |
| Whibbs & Stone, P.A. | | |
| (Firm/Company) | | |
| 801 W. Romana Street, Unit C | | |
| (Address) | | |
| Pensacola, Florida 32502 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Suzanne N. Whibbs at (_850) 434-5395 | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | |
| 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, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| MAILING ADDRESS: STREET/COURIER ADDRESS: | | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | |
| P.O. Box 6327 Clifton Building | | |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 4/7/00 | 4.4 |
|---|---|
| 2. The Articles of Organization were filed on 4/7/20 L11000041699 | and assigned document number |
| 3. The date the dissolution was approved: 4/11/201 | 1 |
| 4. A description of occurrence that resulted in the limite 698.441. Florida Statutes, (copy 608 441 on back cov | ed liability company's dissolution pursuant to section ver letter). |
| Consent by all Members to dissolve the LLC | C. The business never started doing business. |
| | |
| 5. CHECK ONE: | |
| | nited liability company have been paid or discharged. |
| | ebts, obligations and liabilities pursuant to s. 608.4421. |
| rights and interests. | ed among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compa | iny in any court. |
| Adequate provision has been made for the sate entered against it in any pending suit. | tisfaction of any judgment, order or decree which may be |
| gnatures of the members having the same percentage of n | nembership interests necessary to approve the dissolution: |
| Signature Aud Hubel | Printed Name |
| | Frederick M. Shehadi |
| Helson Thekad | Susan Shehadi |
| | AP T |
| <u> </u> | ASS ASS |
| | |
| | <u></u> |
| EILING | FEE: \$25.00 |