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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Labs and More Management, LL (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:

Jeff Russel

(Name of Person)

Labs and More Management, LIC

(Firm/Company)

7075 County Road #64A

Suite (o (Address) - 757

Lake May Te 37746

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (47) 414 7938 (Area Code & Daytime Telephone Number)

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)

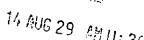
MAILING ADDRESS:

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



	\sim 26 $H:36$
1.	The name of a limited liability company is Labs and More Management, Marion
2.	The Articles of Organization were filed on document number and assigned
3.	The delayed effective date the dissolution if not effective on the date of filing:
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Charged Sussilves Wane
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: Signature Printed Name Teleft Russell Printed Name
	FILING FEE: \$25.00