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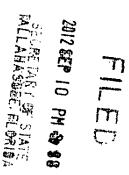
(Re	questor's Name)
(Ad	dress)
DA)	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A. LUNT
	SEP 11 2012
	EXAMINER

Office Use Only



800239356718

09/10/12--01020--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Detailish (Name of Limited Liability Company)	<u> </u>
The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Melissa Baztar	
(Name of Person)	
(Firm/Company) 594 Lambton Lane (Address) Vaples FL 34104 (City/State and Zip Code)	FILED PH •
For further information concerning this matter, please call:	6
Melissa Bazley at (Z39) 404-3310 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$25.00 Filing Fee Solution Solution	
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

A LIMITED LIA	ABILUTY COMPAN	Y	r 23
1. The name of a limited liability company is	5h	<u> </u>	12 SEP 10
2. The Articles of Organization were filed on	1/26/11	and assigned	document manber
3. The date the dissolution was approved:	7/12		r.
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back c	ited liability company's cover letter).	dissolution pursua	int to section
no Du	tig		
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 distributed and interests. 7. CHECK ONE: There are no suits pending against the component of the entered against it in any pending suit.	debts, obligations and ibuted among its membe	liabilities pursuant	to s. 608.4421.
Signatures of the members having the same percentage of Signature	of membership interests	necessary to appro Printed Name	
Jun Bruy	1	Medissa 13	
	, m, correspondent per corre		