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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
Florida Colorado Crane Island, LL SUBJECT:	.C		
	ted Liability Compa	ny)	
The enclosed Articles of Dissolution and fee(s) are submit	ted for filing.		
Please return all correspondence concerning this matter to	the following:		
David E. Jackson			
(Nar	ne of Person)		_
(Fir	m/Company)		<u>-</u>
PO Box 1809	,		
	(Address)		
Charleston, SC 29402			
(City/Sta	nte and Zip Code)		_
For further information concerning this matter, please call:	:	.**	25
David E. Jackson	843 at (209-3021	288
(Name of Person)	(Area Co	ode & Daytime Telephone Nun	nber)
Enclosed is a check for the following amount:			i, ig
▲\$25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filin Certified C	g Fee, Certificate of Dissolutio opy (additional copy is enclose	n & ' 🚐

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 liab	• •							
2.	The Articles of Organization	on were filed on 04 23 20 13	and assigned						
	document number L1300	0059262							
3.	The delayed effective date (effective	e delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing)							
4,	A description of occurrence 605.0707, Florida Statutes, ceased business opera	te that resulted in the limited liability company's diss (copy 605.0707 on back cover letter). ations	olution pursuant to section						
5.	If there are no members, en	nter the name and address of the person appointed to	wind up the company's						
	activities and affairs:	David E. Jackson							
		225 Wandolea Drive							
		Mt. Pleasant, SC 29464	1						
6. lis	Signature of an authorized ted above to wind up the co	person or if there are no members, the signature of the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if the person or if there are no members, the signature of the person or if the person of the per	be person appointed and						
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FILING FEE: \$25.00