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SECRETARY OF STATE
TALLAHASSEF FLORID.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: (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:

regime c. Siedentoof
(Name of Person)
CRCS Instruction
(Firm/Company)
16371 Malibu Dive
Weston, Floride 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at 95H H 10 · 8392
(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

2. The Articles of Organization were filed on 2000 H 2013 and assigned document number 13000 H 2060 3. The 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 that resulted in the limited liability company's dissolution pursuant to section 605,0707. Florida Statutes, (copy 605.0707 on back cover letter). 1. Company	1. The name of a limited liability company is
document number 1300014060 3. The 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 that resulted in the limited liability company's dissolution pursuant to section 605,0707. Florida Statutes, (copy 605,0707 on back cover letter). (a) Logo 10 Structure Courses all Pasco Lemons September and Deember 1 that to be company. 5. If there are no members, enter the name and address of the person appointed to wind up the sompaniss activities and affairs: (6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:	na distillation
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Dedening Printed Name	6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:
Signature Printed Name	

FILING FEE: \$25.00