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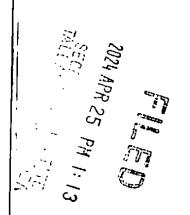
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO:

Registration Section

Division of Corporations	,	•
SUBJECT: Bradys Services (Name of Limited Lie	ability Company)	:
The enclosed Articles of Dissolution and fee(s) are submitted fo	; (
Please return all correspondence concerning this matter to the following:		
Megan Brady (Name of	Person)	
(Firm/Con	npany)	
78 Ted Lott Lane	ess)	
Crawford Ville FL. (City/State and		
For further information concerning this matter, please call:		
Megan Brady (Name of Person)	at (860) 321-72 (Area Code & Daytime Telephon	30 Number)
Enclosed is a check for the following amount: \$\sum \\$25.00 \text{ Filing Fee and Certificate of Dissolution}\$ \$\sum \\$55.00 \text{ Filing Fee, Certificate of Dissolution}\$		lution &
	Certified Copy (additional copy is e	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10 10

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is		
	Bradys Services ILC	<u>. </u>	
2.	The Articles of Organization were filed on September 14,2070 and assi	gned	
	document number <u>L 2 0000 280 144</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing: 03 2 (effective date cannot be prior to or more than 90 days later than date document is Note: If the date inserted in this block does not meet the applicable statutory filing requirement listed as the document's effective date on the Department of State's records.	received for filing)	t be
4.	A description of occurrence that resulted in the limited liability company's dissolution 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	pursuant to section	n.
	This dissolution came due to lack	L OF	
	work / business.	 	
		024 APR	CT:ZT
		R 25	(Carrest Lacester
5.	If there are no members, enter the name and address of the person appointed to wind up	the company's	
	activities and affairs:	<u>.</u> <u></u>	
			
6. ab	Signature of an authorized person or if there are no members, the signature of the person over to wind up the company's activities and affairs:	oappointed and li	isted
<u></u>	legar Brady Signature Megan Byady Printed Name		
	FILING FEE: \$25.00		