95000011882

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to Filing Officer.		

Office Use Only



300079247873

09/18/06--01005--030 **60.00

COVER LETTER

TO:

Registration Section
Division of Corporations

The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount: \$55.00 Filing Fee & \$25.00 Filing Fee 30.00 Filing Fee & rificate of Status & Certificate of Status Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

citified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

Memo



To: The Division of Coxporations

From: Jim Evelyn

23245 S.W. 162nd Avenue • Homestead • Florida 33031 Phone: (305) 248-9580 • Fax: (305) 245-3540 Watts: (888) 335-1415

Subject: Tropical Nursery Farms LLS.
Articles # L95000000882

Date: Septis/06

Rease find enclosed documentation to dissolve Tropical Nursary Farms, LLC effective Sept 30/06

Enclosed also is a certified check for \$400 ces we wish - filing fee \$25.00 certified copy \$30.00 certified copy \$30.00 certified of Status \$5.00

Sincerely

DIVISION OF STATE FATION

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
TROPICAL NURSE	ry tarmo LC
	500000888 and assigned document number
115 95	-
3. The date the dissolution was approved:	3 30 06
4. A description of occurrence that resulted in the life 608.441, Florida Statutes, (copy 608.441 on back	mited liability company's dissolution pursuant to section cover letter).
WRITTEN CONSENT	FROM ALL MEMBERS
	2
	95 ASI
5. CHECK ONE:	P XX
,a	e limited liability company have been paid or discharged. 음향
<u>™.</u> ΩR.	ie debts, obligations and liabilities pursuant to s. 608 4421.
•	ibuted among its members in accordance with their respective
rights and interests.	Solice man view and the control of t
7. CHECK ONE:	
There are no suits pending against the co	mpany in any court.
Adequate provision has been made for th	e satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.	
gnatures of the members having the same percentage	of membership interests necessary to approve the dissolution:
. Signature	Printed Name
A ul Par	0 - 0
Provide Francisco	ALPHA BOTANICAL INC.
	CAMPBELL'S FOLIAGE INC
PATRIGRE CAMPS OLL.	
PRES	FOLIAGE FOREST INC
Planto PRES.	SPRENGER'S & DRATH IN
J. BIELYN	THE PARTY OF THE P
	930 Na

FILING FEE: \$25.00