Requester's Name P.O. Box 692049 Address Orlanda Fl 32819 City/State/Zip! Phone

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ₋	(Corporation Name) (Corporation Name)	(Document #) 70003323587-8 -07/19/00-01107-011 *****60.00 ******60.00 (Document #)
3.	(Corporation Name)	(Document #)
4.	(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Certified Copy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	Kissimenee Investment Group. L.C.
2. The effective date of the limited liability con 3. A description of the occurrence that resulted	in the limited liability company's dissolution pursuant to
section 608.441, Florida Statutes, (copy	Of 6006.441 On back of cover forter).
-OR- Adequate provision has been made for the o	imited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421.
respective rights and interests. 6. CHECK ONE: There are no suits pending against the company to the company	pany in any court. satisfaction of any judgment, order or decree which may
be entered against it in any pending suit.	percentage of membership interests necessary to approve
Signature	Typed or Printed name William A. Steele M.D. Michelle Steele
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