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COMPANY PSINSTATEMENT FLORIDA I K		DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS		FILED RETARY OF STATE N OF CORPORATIONS CT 24 PM 11: 02	\mathcal{O}	
DOCUMENT # L99/8973 1. Limited Liability Company's Name Little wing. LLC.				•	51148	
2. Principal Office Address 3. Mailing Office Address				4000034561148 -11/07/8001117023 *****50.00 ******50.80		
3501 S. Tamiami Tral. 106 CHRIS Ct.			4. State/Coun	itry of Formation		
uite, Apt. #, etc. Suite, Apt. :			5. Date Organized or Qualified 8/23/		3/2000	
Sarasota FL C		ρ (er	Applied For Not Applicable	
S4Z39 Country	Sq Country Zip 27511 Country		CERTIFICATE OF STATUS DESIRED Cora Cartification (Status			
Name	8.	Name and Address of Current Registe	ered Agent			
Street Address (P.O. Box Number is Not Acceptable)						
Suite, Apt. #, Etc.	- go years an spenger	State Zip Code				
9. I, being appointed the registered as Signature of Registered Agent		ed liability company, am familiar with and GENT MUST SIGN	d accept the obligat	tions of Chapter 608, F.S. Date	CR2E041 (3)/00	
10. Names and Street Addresses of		1		•		
Managing Me	Managing Members/ Managers		Street Address of Each Managing Member/Manager		ate / Zip	
Mana Linda	YAO.	4148 centar so	16	201000	FL 34238	
" Scott	YAO	106 CHRIS CT.		Cary NC.	2751/	
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file I this rejectotement application	n the reason for dissolution ha y company have been paid. Th	or trustee empowered to execute this ap is been eliminated, the limited liability con the information indicated on this application	npany name satistie in is true and accura	ate, and my signature shall ha	ave the same legal effect	
Signature of Manager	Cett C	Scott	0/17/00	Daytime Phone#	345-5970	
Fyped or printed name of signing Mana	aging Member/Manager	Scott	YAO			

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.