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(Re	questors	Name)				
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PICK-UP	<u></u> ∨	VAIT	MAIL			
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Name Availabilit y						
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SECRETARY COUNTY 20

حقسل

Helmecke Martinez & Torres Associates, LLC. Anke Helmecke 1036 Long Branch Lane Oviedo, FL 32765 Tel: (407) 619 0361

Orlando, 07/16/2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Dissolution of Helmecke Martinez & Torres Associates, LLC

To Whom It May Concern:

Enclosed please find the dissolution documents for Helmecke Martinez & Torres Associates Limited Liability Company and the check in the amount of \$ 25.00.

If you should have any questions, please do not hesitate to contact us under the phone number (407) 619 0361.

Sincerely,

Helmecke Martinez & Torres Associates, LLC Anke Helmecke

General Manager

TRANSMITTAL LETTER

	ration Section on of Corporations				
SUBJECT: H	elmecke Martinez & Torres Associat (Name of L	tes, Limited Liability Company Limited Liability Company)			
The enclosed A	rticles of Dissolution and fee(s) are sub-	mitted for filing.			
Please return al	l correspondence concerning this matter	to the following:			
	Anke Helmecke	<i>*</i>			
Helr		(Name of Person)			
Helmecke Martinez & Torres Associates, Limited Liability Company (Firm/Company)					
	1036 Long Branch Lane		<u></u>		
	Oviedo, Florida 32765	(Address)	LLANATI ECRETA		
	(City	//State and Zip Code)	TEXT OF S		
For further info	rmation concerning this matter, please c	ali:	3: 20 5) 3: 20		
Anke	Helmecke	at (407) 619 036			
	(Name of Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a che	ck for the following amount:				
4 \$25,00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	STREET ADDRESS:	MAILING ADDRI	ESS:		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	
Helmecke Martinez & Torres Associates, Limited Liabilit	ty Company
2. The date the dissolution was approved: 07/01/2004	······································
3. A description of the occurrence that resulted in the section 608.441, Florida Statutes, (copy of 608.441	
The members decided not to do business under this LLC a	nymore.
	ZING TALL
 4. CHECK ONE: All debts, obligations and liabilities of the limited hong. Adequate provision has been made for the debts, observed and assets have been distributed respective rights and interests. 6. CHECK ONE: There are no suits pending against the company in a rong. Adequate provision has been made for the satisfact be entered against it in any pending suit. Signatures of the members having the same percentathe dissolution: 	puted among its members in accordance with their any court.
Signature	Typed or Printed name
Anke Helmalse	Anke Helmecke
Warde Martin	Wanda Martinez
Design Jones	Desiree Torres
/	