# L04000063488

| (Re                                     | equestor's Name)       |  |  |  |  |  |
|---|------------------------|--|--|--|--|--|
| . (Ad                                   | ddress)                |  |  |  |  |  |
| (Ad                                     | ddress)                |  |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone #)  |  |  |  |  |  |
| PICK-UP                                 | WAIT MAIL              |  |  |  |  |  |
| (Business Entity Name)                  |                        |  |  |  |  |  |
| (Document Number)                       |                        |  |  |  |  |  |
| Certified Copies                        | Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |                        |  |  |  |  |  |
| ,                                       | A. LUNT                |  |  |  |  |  |
|   | APR 27 2009            |  |  |  |  |  |
|   | EXAMINER               |  |  |  |  |  |

Office Use Only



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04/24/09--01027--002 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: JOHN ALTMAN LLC  |
| (Name of Limited Liability Company)   |
|   |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| John ALTMAN   |
| (Name of Person)  |
| John ALTMAN LLC John ALTMAN LLC   |
| (Firm/Company)  |
| 4236 Settlers CT  |
| (Address)   |
| ST, CLOUD, FL 34772 (City/State and Zip Code)   |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| (Name of Person) at (407) 709 - 3849  (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

## MAILING ADDRESS:

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

# STREET/COURIER ADDRESS:

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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The nam                  | e of a limited liab                      | ility company is                        | John                                     | ALTMAN                             | 1.110                                   | /               |
|-----------------------------|--|---|--|------------------------------------|---|-----------------|
| 2. The Articl               | es of Organization                       |   | John AL                                  | TMAN CLC                           | and assigned Flor                       | number          |
| 3. The date the             | he dissolution was                       | approved:                               | April 22                                 | 2009                               | ASSE                                    | 24 L            |
| 4. A descript<br>608.441, F | ion of occurrence<br>lorida Statutes, (c | that resulted in copy 608.441 on Agreem | the limited liabili<br>back cover letter | ty company's diss<br>).<br><i></i> | solution pursuant                       | o section       |
|                             | ll debts, obligation                     |   |  |                                    | ave been paid or d                      |                 |
|                             | ning property and                        |   |  | •                                  | lities pursuant to saccordance with the |                 |
| 7. CHECK                    | ONE:<br>here are no suits p<br>OR-       | has been made                           | for the satisfaction                     | -                                  | nt, order or decree                     | which may be    |
| Signatures of th            | e members having                         | the same perce                          | ntage of members                         | ship interests nece                | essary to approve t                     | he dissolution: |
| s                           | ignature                                 |   |  | Joh                                | Printed Name  ALTMA                     | V.              |
|                             |  |   |  |                                    |   |                 |
|                             |  |   |  |                                    |   |                 |
| _                           |  |   |  |                                    |   |                 |

FILING FEE: \$25.00