## L10000015043

(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:			

Office Use Only



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D. BRUCE

APR 26 2011

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2011

EMILIO MARTINEZ 2439 S.W. 11TH ST MIAMI, FL 33135

SUBJECT: ZENITRAM LLC Ref. Number: L10000015043

We have received your document for ZENITRAM LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 111A00009159

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Division of Corporations

April 5, 2011

EMILIO J MARTINEZ 2439 SW 11TH STREET MIAMI, FL 33135

SUBJECT: ZENITRAM LLC Ref. Number: L10000015043

We have received your document for ZENITRAM LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 211A00008203



## **COVER LETTER**

TO:

Registration Section

Divisio	on of Corporations	
SUBJECT:	ZENITRAM	11.0
SUBJECT: _	(Name of I	LL C Limited Liability Company)
The enclosed A	rticles of Dissolution and fee(s) are su	ibmitted for filing.
Please return al	l correspondence concerning this matt	er to the following:
	Emilio M.	ANFINER
		(Name of Person)
		(Firm/Company)
	2439 5.W/	1711 57
		(Address)
	MIONI, EL	(Address)  (Address)  (Address)  (Address)  (Address)
	(Cit	y/State and Zip Code)
For further info	rmation concerning this matter, please	
	-MILIO MARINA	at (at (
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a che	ck for the following amount:	
\$25.00 Filing F	Fec 30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  2ENI TABH LLC	
	and assigned document number
3. The date the dissolution was approved:	11L 97H, 2611
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter).
THE BUSINESS FOR THE COYPANY	WAS NOT ADOPTED, CONPORATION
-OR-Adequate provision has been made for the defeated and interests.  7. CHECK ONE:  There are no suits pending against the companded and provision has been made for the same entered against it in any pending suit.	mited liability company have been paid or discharged. ebts, obligations and liabilities pursuant to s. 608.4421. ted among its members in accordance with their respective any in any court. atisfaction of any judgment, order or decree which may be membership interests necessary to approve the dissolution:
Signature    Market   Signature   Signatur	Printed Name Emilio Marriae
	THAPR 25 F
	E FLORILL OR