# #110000079542

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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400187947804

11/29/10--01028--007 \*\*25.00



EXAMINER
NOV 3 0 2010

# **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT: Sofisense, LLC (Name of Limited Liability Company)				
The enclosed	Articles of Dissolution and fee(s) are sub	omitted for filing.		
Please return a	all correspondence concerning this matte	r to the following:		
	Sheryl Spencer			
(Name of Person)				
	Sofisense			
	(Firm/Company)			
	900 Biscayne Blvd #3001			
(Address)				
	Miami, FL 33132			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Sheryl Spencer		at ( 305 ) 450-6	6164	
	(Name of Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a ch	neck for the following amount:			
\$25.00 Filing	Fee 30.00 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)	

## **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

PP腔翻 1% NOV 29 PM 3: 59

<ol> <li>The name of a limited liability company is Sofisense, LLC.</li> </ol>	
2. The Articles of Organization were filed on July 29 L10000079542	9,2010 and assigned document number
3. The date the dissolution was approved: 11/18/10	<u> </u>
<ol> <li>A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov</li> </ol>	ed liability company's dissolution pursuant to section
offer, so we have no business/restau	rant for this LLC. We received a FEIN
number to open a bank account, but no	b business was every conducted with this
company. I have closed the bank acco	ount and wrote to IRS to cancel the FEIN#
5. CHECK ONE:	
All debts, obligations and liabilities of the ling-OR-	mited liability company have been paid or discharged.
Adequate provision has been made for the de	ebts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distributed rights and interests.</li></ol>	ted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
OR- Adequate provision has been made for the sa entered against it in any pending suit.	ntisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of i	membership interests necessary to approve the dissolution:
Signature	Printed Name
Shuf Dyn	Sheryl Spencer
Turi di	Francesco La Lumia