LD8000078073

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
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EXAMINER



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FIED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 645-45 NW 20th St. 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:		
Edverdo Bofill		
(Name of Person)		
2901 NW 7 cw 6		
(Address) (City/State and Zip Code)		
For further information concerning this matter, please call:		
Edwards Bof II at (301) 281.3196 (Name of Person) (Area Code & Daytime Telephone Number)		
inclosed is a check for the following amount:		
\$25.00 Filing Fee & Solution Status Solution Status Solution Status Certificate of Status & Certificat		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is (43.45 A) A) ADM Sto	och, LLC
	14.08 and assigned document number
3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover	· letter).
OR- Adequate provision has been made for the debt 6. All remaining property and assets have been distributed	ted liability company have been paid or discharged. s, obligations and liabilities pursuant to s. 608.4421. l among its members in accordance with their respective
rights and interests. 7. CHECK ONE: There are no suits pending against the company OR- Adequate provision has been made for the satis entered against it in any pending suit.	y in any court. faction of any judgment, order or decree which may be
Signatures of the members having the same percentage of me	
Signature Oll	Printed Name Edverdo Bofil
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FILING FEE: \$25.00