

**LD0000087583**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

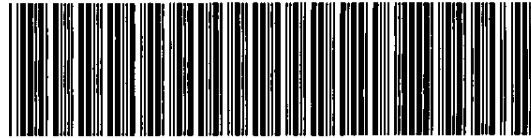
Special Instructions to Filing Officer:

**L. SELLERS**

JAN 12 2012

**EXAMINER**

Office Use Only



**500216102045**

01/09/12--01014--020 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JAN -9 PM 1:47

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFS MANAGEMENT GROUP FL 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:

TOM ADAMS  
(Name of Person)

AFS MANAGEMENT GROUP FL LLC  
(Firm/Company)

2375 E TROPICANA AVE # 295  
(Address)

LAS VEGAS, NV 89119  
(City/State and Zip Code)

For further information concerning this matter, please call:

TOM ADAMS at (702) 796-7600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check 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**

1. The name of a limited liability company is

AFS MANAGEMENT GROUP FL, LLC

2. The Articles of Organization were filed on 9-15-08 and assigned document number

L08000087583

3. The date the dissolution was approved: 9-9-11

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

CESSATION OF OPERATIONS AND WRITTEN CONSENT  
OF ALL MEMBERS PURSUANT TO 608.441 SECTION 1  
SUB SECTIONS B & C.

**5. CHECK ONE:**

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
- OR-
- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

- There are no suits pending against the company in any court.
- OR-
- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature  
Tom Adams  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name  
TOM ADAMS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILING FEE: \$25.00

**FILED**  
12 JAN -9 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA