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(Requestor's Name)	
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(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:	
JH	





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GORPORATE	7,000
\	6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-70	066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
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РНОТО СОРУ	Viling LtC. Amend
CORPORATE NAME & DOCUMENT #)	national LLC
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PECIAL INSTRUCTIONS	
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ARTICLES OF DISSOLUTION **FOR** A FLORIDA LIMITED LIABILITY COMPANY

· · · · · · · · · · · · · · · · · · ·	F DISSOLUTION FOR D LIABILITY COMPANY
1. The name of the limited liability company is	ALL OF
Ameribridge International LLC	
2. The date the dissolution was approved: April 19,	, 2005
3. A description of the occurrence that resulted in section 608.441, Florida Statutes, (copy of 608	the limited liability company's dissolution pursuant to .441 on back of cover letter).
Consent of the Sole member to dissolve pursuant to S	Section 608.441(1)(c), Florida Statutes
 OR- Adequate provision has been made for the debt All remaining property and assets have been direspective rights and interests. CHECK ONE: There are no suits pending against the company-OR- Adequate provision has been made for the satisbe entered against it in any pending suit. 	efaction of any judgment, order or decree which may centage of membership interests necessary to approve Typed or Printed name
-El	Sten Waldo

Filing Fee: \$25.00