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SLOKE FARY OF STATE
TALL AHASSEE, FLORIDA

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations				
SUBJECT:	GOUERNORS OISTR	IBUTORS LLC		
	(Name of Limit	ed Liability Company)		
The enclosed A	rticles of Dissolution and fee(s) are submit	ted for filing		
	correspondence concerning this matter to			
r icase return an	correspondence concerning this matter to	the following.		
	MANOT	BAYANI		
MANOJ BAYANI (Name of Person)				
	GOUCRNOI	IS <u>DISTRIBUTORS</u> LLC		
	(Fin	n/Company)		
	8803 NW	23 ST Address)		
	(	Address)		
M: AMI FL 33172 (City/State and Zip Code)				
	(City/Sta	te and Zip Code)		
For further information concerning this matter, please call:				
^	10 Pa			
	(Name of Person)	at ( 305.) S97-1501 (Area Code & Daytime Telephone Number)		
	, ,			
Enclosed is a check for the following amount:				
\$25.00	Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS:	STREET/COURIER ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	1.O. DUX 0321	Cinton bunding		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2014 APR 28 AM 10: 49

	20 mm 20 mm 10 49				
1.	The name of a limited liability company is				
	GOUERNORS DISTRIBUTORS CLC TALLAHASSEE FLORIDA				
2.	The Articles of Organization were filed on Z16 2001 and assigned				
	document number <u>L0100000 2483</u>				
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)				
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  No Longen Doine Business Sines					
•					
5.	If there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs: MANOS BALANI				
	activities and attaits.				
	8803 NU 23 ST				
	MIAM1 FC 33172				
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:				
	· (Q.)				
	Signature Printed Name				
	Signature Printed Name				

FILING FEE: \$25.00