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SECRETARY OF STATE ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

SUBJECT: OKLANDO TRIANCLE 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:	
BRUCE D LYONS (Name of Person)	
ORLAND TRIANGE LLC (Firm/Company)	
5454 Wiseensin Avenue, Ste 1265 (Address)	
Chery Chase Mo 20815 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Lester Stein Feld at (301) 951 8815 K 15 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Manuer)	П
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution See Solution S	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1.	The name of the limited lia	bility company is					
	ORLANDO	TRIANGE	40				
2.	The date the dissolution wa				_·		
3.	A description of the occur section 608.441, Florida S					lution purs	uant to
	The property	owned by	the	company	has !	been s	010
_							
						,	
×	CHECK ONE: All debts, obligations and -OR- Adequate provision has be						
5.	All remaining property an respective rights and inter-		listribute	d among its memb	bers in accor	dance with	ı their
6. Q	CHECK ONE: There are no suits pending -OR-	; against the compa	ny in any	court.	ALLAG	SECRET	
a	Adequate provision has be be entered against it in any	en made for the sat pending suit.	isfaction	of any judgment,	order or de	which	may
Si, the	gnatures of the members he dissolution :	naving the same pe	rcentage	of membership in	nterests nece	asary Pa	pprove
	Signature			Typed or Printe	d name	gmi E	<u>-</u>
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