FEDCPU LLC
4400 N. Federal Hwy, Suite 50 Boca Raton, FL, 33431
Fax: (561) 892-0604
e-mail: jacobsd@fedcpu.com

FEDCPU LLC

Memo

To: Florida Department of State/Corporations **From:** Dan Jacobs, President

Please review and process my Request for Dissolution of a Florida Limited Liability Corporation.   You will see a check in the amount of $60.00 attached. The amount of $60.00 shall include the following fees: 1 ea, $25.00 Filing Fee, 1 ea. $30.00 Certified Copy, 1 ea, $5.00 Certificate of Status.

L01-20707

Please call me at (203) 904-4455 with any questions.

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*****60.00 *****60.00

My return mailing address:

FEDCPU, LLC

4400 N. Federal Hwy., Suite 50, Boca Raton, FL, 33431

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Thanks for your help and attention to this matter.

Dan Jacobs

President, FEDCPU LLC

ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is _FEDCPU LLC_

2. The effective date of the limited liability company's dissolution is _March 18th, 2002_

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to 0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Unless otherwise provided in the articles of organization or operating agreement, upon the written consent of all members of the limited liability company.

4. **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.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
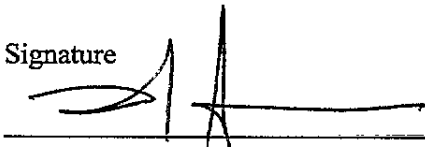
6. **CHECK ONE:**
☒ There are no suits pending against the company in any court.
-OR-
❑ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

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

Signature _____   Typed or Printed name _Daniel S. Jacobs_

Filing Fee: $25.00