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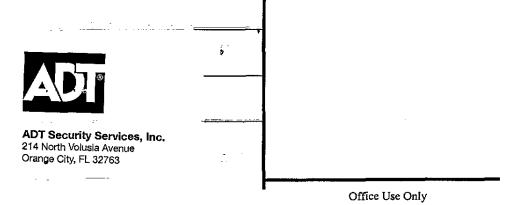


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ALLAHASSEE FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Directors SH CF
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 20, 2004

ADT SECURITY SERVICES, INC. 214 NORTH VOLUSIA AVENUE ORANGE CITY, FL 32763

SUBJECT: AQUAPURE SOLUTIONS, LLC

Ref. Number: L02000008491

We have received your document for AQUAPURE SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 304A00055362

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A QUAPURE SOLUTIONS, 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:	
PAUL CASASSA (Name of Person)	
(Firm/Company)	
214 N. VOLUSIA AUE (Address)	
ORANGE COTO FI 32767 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) (Area Code & Daytime Telephone Number III) Enclosed is a check for the following amount: (Area Code & Daytime Telephone Number III) S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Solononial Solononial Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	ŀ

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 liability company is	
AQUARDRE SOLUTIONS LLC	
2. The date the dissolution was approved: 9-23-04	
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter). LACK of Sales due to No CAIL LIST	0
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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.	t
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:	е
Signature Printed name Prul CASASSA	_
	_
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Filing Fee: \$25.00