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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | ≥ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



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03/25/10--01015--007 **25.00

FILEU 10 MAR 25 PM 1: 16 BECRETARY OF STATE

J. BRYAN

MAR 2 6 2009

EXAMINER

COVER LETTER .

| TO: | Registration Section Division of Corporations | | | |
|--------|--|--|-----------------------|--|
| SUBJ | ECT: Family Financial Resear | rch | | |
| | (Name of | Limited Liability Company) | | |
| | | | | |
| The er | iclosed Articles of Dissolution and fee(s) are s | ubmitted for filing. | | |
| Please | return all correspondence concerning this mat | ter to the following: | | |
| | Cary Carbonaro, MBA | , CFP | | TO MAR 25 PM 1: 16 SECRETARY OF STATE SECRETARY OF FLORE |
| | | (Name of Person) | | 1 25 K |
| | Family Financial Rese | arch, LLC | | Fig. 2 |
| | | (Firm/Company) | | FLOR STATE |
| , | 614 E. Highway 50, S | uite 116 | | OF THE PERSON OF |
| | | (Address) | | |
| | Clermont, FL 34711 | | | |
| | (C | ity/State and Zip Code) | | |
| For fu | rther information concerning this matter, pleas | e call: | | |
| | Cary Carbonaro | at (646) | 388- | 1460 |
| | (Name of Person) | / | & Daytime | Telephone Number) |
| Enclos | ed is a check for the following amount: | | | |
| \$25. | 00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | nclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | Registra | ition Sec a of Cor | porations |
| | Tallahassee, FL 32314 | 2661 Ex | recutive | Center Circle |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR . A LIMITED LIABILITY COMPANY

| and assigned document number pany's dissolution pursuant to section uld no longer continue to do company have been paid or discharged. s and liabilities pursuant to s. 608.4421. nembers in accordance with their respective |
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| ry judgment, order or decree which may be |
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| erests necessary to approve the dissolution: |
| |
| Printed Name |
| ry Carbonaro |
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FILING FEE: \$25.00