

L02 0000 16592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 NOV 21 AM 9:00

FILED

12/1  
*[Signature]*

November 20, 2003

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attached please find Articles of Dissolution for a Florida Limited Liability Company for XPMLR LLC together with a check for \$30 covering the filing fee and the certificate of status. Please return a letter of acknowledgement to:

Norton Herrick  
c/o The Herrick Company, Inc.  
2 Ridgedale Avenue  
Suite 370  
Cedar Knolls, NJ 07927  
973-539-1390

Thank you.

**FILED**  
03 NOV 21 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is XPMLR LLC

2. The effective date of the limited liability company's dissolution is November 20, 2003

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).

Ceased operation

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

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typed or Printed name

Norton Herrick  
[Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing Fee: \$25.00

FILED  
03 NOV 21 AM 9:00  
CLERK OF CIRCUIT COURT  
TALLAHASSEE FLORIDA