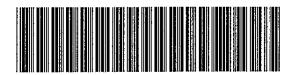
# U02000011138

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| -                                       |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| į                                       |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
| ·                                       |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Office Use Only                         |  |  |  |  |



000042824060

11/29/04--01079--003 \*\*43.75

2004 DEC 27 AM 8: 22 SECRETARY OF STATE

W2-17738



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 7, 2004

DELIO OSPINA 14036 FAIRWAY ISLAND DR. APT. 1534 ORLANDO, FL 32837

SUBJECT: DELUZAP, LLC Ref. Number: L02000017738

We have received your document for DELUZAP, LLC and your check(s) totaling \$43.75. 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 (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 504A000683

### TRANSMITTAL LETTER

| TO: Amendment Section                       |  |
|---|--|
| Division of Corporations                    |  |
|   | •  |
| SUBJECT: Dissolution of                     | a Corporation  |
|   |  |
| 54. 2                                       | 2C 47///   |
| DOCUMENT NUMBER: 52-2                       | 36 7774  |
| The enclosed Articles of Dissolution and f  | fee are submitted for filing.  |
| Please return all correspondence concerning | g this matter to the following:  |
|   |  |
| Delin D. Ospina                             |  |
| Delio D. Ospinac (Name of                   | Person)  |
| <b>V</b> (                                  |  |
| Deluzap LLC (Name of                        | Firm/Company)  |
| )<br>[                                      |  |
| 14036 fairway Islam                         | d Dr. Apt. 1534  |
| !   | (Address)  |
| Orlando FL. 32 (City/S                      | 837  |
| (City/S                                     | State/and Zip Code)  ALCRE TARY  tter, please call:  State/and Zip Code)  ALCRE TARY  SECRETARY  |
|   |  |
| For further information concerning this ma  | tter, please call:  ARE COLOR  AR |
|   | SER 7  |
| Delio Ospina / Lux A Pati                   | no at (407 ) 267 1280 -cell  |
| (Name of Person)                            | Area Code & Daytime Telephone Number)  407 826 9/12  |
| Enclosed is a check for the following amou  | int:   |
|   |  |
|   | \$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee,   |
| Certificate of Status                       | Certified Copy Certificate of Status & Certified Copy  |
|   | enclosed) (Additional copy is  |
|   | enclosed)  |
| MAILING ADDRESS:                            | STREET ADDRESS:  |
| Amendment Section                           | Amendment Section  |
| Division of Corporations                    | Division of Corporations   |
| P.O. Box 6327                               | 409 E. Gaines Street   |
| Tallahassee, Florida 32314                  | Tallahassee, Florida 32399   |

# TRANSMITTAL LETTER

| TO: Registration Section Division of Corpo | rations                       |  |  |
|--|-------------------------------|--|--|
| SUBJECT: Sel                               | uzap IIC (Name of I           |  | ·                                      |
|  | ' (Name of L                  | Limited Liability Company)             |  |
|  | issolution and fee(s) are sub |  |  |
| Please return all correspond               | dence concerning this matter  | to the following:                      |  |
|  | •                             | 9                                      |  |
|  | 4036 fairu                    | vay Island Dr. 1                       | 534 Urlando, A. 3283                   |
| i  |                               | (C paris of 1 diseas)                  |  |
|  |                               |  |  |
| <del></del> -                              |                               | (Firm/Company)                         | ······································ |
| /403                                       | 6 fairway                     | Island Sr. 1534 L                      | Irlando A.                             |
|  |                               | (Address)                              |  |
|  | 4                             | ٥                                      |  |
|  | Orla                          | ndo Fl. 32837<br>y/State and Zip Code) |  |
| -  | (City                         | y/State and Zip Code)                  | · · · · · · · · · · · · · · · · · · ·  |
|  |                               |  |  |
| n a 4 . 5                                  |                               |  |  |
| For further information con                | cerning this matter, please c | all:                                   |  |
| Delio Po                                   | pinac                         | at ( 407 ) 826<br>(Area Code & Daytime | 9/12                                   |
| 1  | (Name of Person)              | (Area Code & Daytime                   | Telephone Number)                      |
|  |                               |  | TAS 28                                 |
| Enclosed is a check for the fol            | lowing amount:                |  |  |
| □ \$25,00 Filing Fee                       | □ \$30.00 Filing Fee &        | ☐ \$55.00 Filing Fee &                 | □ \$60.00 Filipg Fee,                  |
|  | Certificate of Status         | Certified Copy                         | Certificate of Status & N              |
|  |                               | (additional copy is enclosed)          | Certified Copy (spenclosed)            |
|  |                               |  |  |
| į  | -                             | •                                      | SA CO                                  |
| STREET                                     | ADDRESS:                      | MAILING ADDRE                          | <b>≅</b> ⊣ ∾                           |
| Registrati                                 | ion Section                   | Registration Section                   | -                                      |
|  | of Corporations               | Division of Corporat                   | ions                                   |
| 409 E. Ga                                  | nines Street                  | P.O. Box 6327                          | 20214                                  |
| i alianass                                 | ee, Florida 32399             | Tallahassee, Florida                   | 3 <i>2</i> 314                         |

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

| j  |  |                   |                     |   |             |
|--|--|-------------------|---------------------|---|-------------|
| <b>\</b>   | mited liability company                                | is                |                     |   |             |
| Deluza   |  |                   |                     | ·   | ·           |
| 2. The date the disso  | lution was approved:                                   | 1/23/04           | ·                   | ·   |             |
| section 608.441,   | he occurrence that result<br>Florida Statutes, (copy o | f 608.441 on bac  | k of cover letter). | •   |             |
| It was   | reach the  | nee wis           | c gear              | DEGAUSE                                       | we          |
| couldnit   | reach the  | goals c           | fit.                |   | <del></del> |
| 1. A - 1. | U  | _                 | ,                   |   |             |
| ,  |  |                   |                     |   |             |
|  | <u> </u>   | ·,                |                     |   |             |
| OR-  | ions and liabilities of the                            | ·                 | * *                 | •   | •           |
| 5. All remaining pro-<br>respective rights   | perty and assets have be and interests.                | en distributed ar | nong its members i  | n accordance w                                | ith their   |
| 6. CHECK ONE: There are no suits OR-   | pending against the con                                | npany in any cou  | urt.                | SECT  |             |
| Adequate provision be entered against  | on has been made for the tit in any pending suit.      | satisfaction of a | any judgment, orde  | r or decree which                             | hidmay 2    |
| Signatures of the mother the dissolution:  | embers having the same                                 | percentage of i   | membership intere   | sts necessary to                              | approvi Ti  |
| Signature  | 1<br>1   | Т                 | yped or Printed na  | me RAT  | : 22        |
| Delinarius   | 7.0  | $ \frac{2}{2}$    | elio Ospin          | a   |             |
| Sus Quand  | a Patie  |                   | it amano            | ∧ <del>∧ -</del>                              | <del></del> |
|  |  |                   |                     |   |             |
|  |  | <u></u>           |                     | · · · <u>· · · · · · · · · · · · · · · · </u> |             |