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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Robert Gargano LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Theresa Marie Gargano (Name of Person)
Robert Gargano LLC (Firm Company)
S30 S.W. Cove POINT PO BO B B B B B
Moder Gargano LLC (Firm Company) 530 S.W. Cove POINT (Address) Depoe Bay, Okeg aw 97341 (City State and Zip Code)
For further information concerning this matter, please call:
The ResA Gargand at (541) 765-2843 (B) (Name of Person) (Area Code & Daytime Telephone Number) 239-292-5443 (cell)
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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There	SA MARIE	Gargano
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