# LO20000288740

(Requestor's Name)	<del></del>
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### TRANSMITTAL LETTER

TO: Registration Division of	n Section f Corporations	•	FILED
	Name of L	imited Liability Company) nitted for filing.	2004 AUG 25 P 2: 15 SECRETARY OF STATE TALLAHASSEE. FLORIDA
Please return all cor	respondence concerning this matter	to the following:	
	Laurence Wald		
_ h	hld owald	(Eim (Company)	
	Lld + Wald	Suite 4307	
_	New York My (City	(Address)  /0//9  /State and Zip Code)	
	ion concerning this matter, please c		
Laure	(Name of Person)	at ()	- 6370 Telephone Number)
Enclosed is a check for	r the following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### 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 ILED

1. The name of the limited liability company is	s Uneck Sportson AVE 25 UP 2: 19
	SECRETARY OF STATE
2. The effective date of the limited liability con	mpany's dissolution is August 31, 2004
3. A description of the occurrence that resulte 0section 608.441, Florida Statutes, (copy of	ed in the limited liability company's dissolution pursuant to 608.441 on back of cover letter).
Written consent à	of all members.
4. CHECK ONE:  All debts, obligations and liabilities of the I -OR-	limited liability company have been paid or discharged.
= " *	debts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been respective rights and interests.</li></ol>	n distributed among its members in accordance with their
6. CHECK ONE: There are no suits pending against the comp	pany in any court.
	satisfaction of any judgment, order or decree, which may
Signatures of the members having the same pedissolution:	ercentage of membership interests necessary to approve the
Signature	Typed or Printed name
	Robert Kramer

Filing Fee: \$25.00