LOBOOSALOLO/

(Req	uestor's Name)	
(Add	ress)	
hh4)	ress)	
(r twu	1000)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL '
(Dua	· F-Aib. Now	
(Bus	iness Entity Nar	ne) ·
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	•	

Office Use Only



700081363387

06 DEC -8 AM 9: 43

SECRETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Drive, Suite A Tallahassee, FL 32301 PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE:

12-08-06

NAME:

MERILON CAPITAL LTD CO

TYPE OF FILING: DISSOLUTION

G. DISSOLUTION

COST:

\$25 + \$30= \$55

RETURN:

CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUCINOI

PLEASE FORWARD FOR CERTIFICATION/APOSTILLE

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

The name of the limited liability company is Merilon Capital FIRST: Ltd. Co. The effective date of the limited liability company's dissolution SECOND: is upon filing. THIRD: A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes: The limited liability company has ceased transacting business. FOURTH: All debts, obligations and liabilities of the limited liability company have been paid or discharged. All remaining property and assets have been distributed among FIFTH: its members in accordance with their respective rights and interests.

SIXTH: There are no suits pending against the company in any court.

Signature of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature:

Printed Name:

Neil Gaitely (Member)

ng / w. cobell