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



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SECRETARY OF STATE TALLAHASSEE.FLORIDA

03 JUL 16 AMI1: 0

T. CLINE

JUL 17 2009

EXAMINER

COVER LETTER

| | n of Corporations | | s. 9. |
|--------------------|---|---|--|
| SUBJECT: | Eat | LLC | · |
| Sebelet | (Name of | Limited Liability Company) | |
| | | | |
| The enclosed Ai | ticles of Dissolution and fee(s) are so | ubmitted for filing. | |
| Please return all | correspondence concerning this mat | ter to the following: | |
| | KATHLEEN JO | HNSe N (Name of Person) | |
| | THE BIONET | ICS CORPORAT | 70N |
| | 11833 CANON | BLVD SUITE/ | 200 FAL |
| | NEWPORT NE | ity/State and Zip Code) | 2009 JUL 16 AMII: SECRETARY OF STA ALLAHASSEE, FLOR |
| For further infor | : mation concerning this matter, please | e call: | Y OF ST |
| <u>_</u> K | (Name of Person) | at (<u>757</u>) <u>873</u> (Area Code & Daytime | 3-090U ED-78 |
| Enclosed is a chec | k for the following amount: | | |
| \$25.00 Filing F | ee 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) |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | STREET/COU Registration Sec Division of Cor Clifton Building | porations |

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | | | |
|--|-----------------------------|-----------------------------|--------------|
| EZI, LLC | | | |
| 2. The Articles of Organization were filed on | | and assigned docume | ent number |
| 3. The date the dissolution was approved: | 125/2009 | · | |
| 4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on back) | | | |
| DISSOLVED AS A R | ESULT OF 5 | ALE, TRANSFE | R |
| | ALL ASSETS | • | |
| | | 30 | 20 |
| | | i C | |
| 5. CHECK ONE: | | HAS | <u></u> |
| All debts, obligations and liabilities of OR-Adequate provision has been made for | | · 약도 | |
| All remaining property and assets have been dis rights and interests. | | 0-1 | <i>\</i> |
| 7. CHECK ONE: | | | |
| There are no suits pending against the con-or-Adequate provision has been made for entered against it in any pending suit. | | nent, order or decree which | ch may be |
| Signatures of the members having the same percentage | e of membership interests n | ecessary to approve the d | lissolution: |
| Signature | | Printed Name | |
| Chaloft | CHA | eles J. STE | XN |
| <u> </u> | | | |
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