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B. BOSTICK
APR 1 0 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OMM CM / WEL SYSTEMS LLC (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenne of Person)
1860 NE 27 PNS
POMPBINO BEACH FL 33062 3034 (City/State and Zip Code)
For further information concerning this matter, please call: Compared to the concerning this matter, please call: Compared to the concerning this matter, Compared to the
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY