1.03000017390

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		



200062456072

00.03/06--01008-007 **25.00

2096 FEB 24 AM 10: 10

03 (1390

Office Use Only



COVER LETTER

	ntion Section n of Corporations		
SUBJECT:	XTREME SERVICE (Name of Lin	TNTERPRISES, L mited Liability Company)	LC
The enclosed Ar	ticles of Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	MARIANEIIA GAR	cik.	
	C.	Name of Person)	30 to
	MARIANEIIA GAR M. GARCIA	•	
		Firm/Company)	8 2
	4473 EMEKSON		SECRETARY OF STATE
		(Address)	33 3
	DRLANDO, FLORIE	DA 32839	
	(City)	State and Zip Code)	
For further inform	mation concerning this matter, please o	rail:	
MA	LIANEllA GARCIA	at (321) 948	8395 .
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount:		
25.00 Filing F	ce \$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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2006

MARIANELLA GARCIA 4473 EMERSON PARK DR. #205 ORLANDO, FL 32839

SUBJECT: XTREME SERVICE ENTERPRISES, LLC

Ref. Number: L03000017390

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 406A00000739

Division of Compositions DO DOV 6227 Tallahassas Florida 2221

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ity company's dissolution pursuant to section ALEGERAL ALEGERAL
2008 FEB 21 AM SECRETARY OF ALLAHASSEE, F
ORFEE 21 AM
FED 21 AM STREET, F.
AND COLUMN TO A STREET, F.
ability company have been paid or discharged.
ligations and liabilities pursuant to \$.608.4421.
ng its members in accordance with their respective
ny court.
on of any judgment, order or decree which may be
ship interests necessary to approve the dissolution:
Printed Name
MARIANELIA GARUA (MGR)
ALVARD MALBONADO (VM6)
1

FILING FEE: \$25.00