

L03000027227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

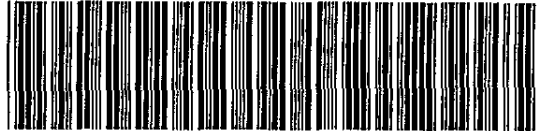
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FORM-A-CORP®

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May 7, 2004

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Dissolution of FINDMECARD LLC

Gentlemen/Madams:

Enclosed for filing is an original and two copies of Articles of Dissolution. In addition, enclosed is our check in the amount of \$25.00, representing the required filing fee.

Please return all final documents to our address below. If you have any questions please contact us at the above telephone number.

Thank you for your cooperation.

Sincerely,

FORM-A-CORP LLC

Meryl Barnes  
(Manager)

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MAY 11 2004

Form-A-Corp LLC

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**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is FINDMECARD LLC

2. The effective date of the limited liability company's dissolution is 04/26/2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to  
section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Dissolution upon the written consent of all of the members of the limited liability company.

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their  
respective rights and interests.

6. **CHECK ONE:**

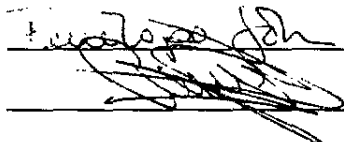
☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may  
be entered against it in any pending suit.

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

Signature

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typed or Printed name

Penelope Johnson

Samuel Cunado  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Filing Fee: \$25.00**