

LD30000028149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

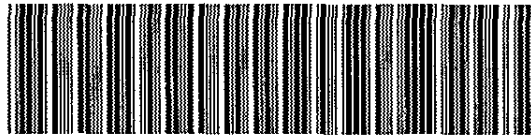
(Business Entity Name)

(Document Number)

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08/10/07--01007--034 **25.00

07 AUG 10 AM 11:26
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

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

1. The name of a limited liability company is

SILVERSTAR PARTNERS, LLC.

2. The Articles of Organization were filed on 7/25/03 and assigned document number

L03000028149

3. The date the dissolution was approved: 5/15/07

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

SALE OF COMPANY AND MANAGING MEMBER DECISION TO
DISSOLVE COMPANY PER OPERATING AGREEMENT.

5. 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. 608.441.

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

7. 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

Printed Name

JOHN O'DONNELL

SECRETARY OF STATE
DIVISION OF CORPORATE
REGISTRATION
07 AUG 10 AM 11:28

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVERSTAR PARTNERS, 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:

JOHN O'DONNELL
(Name of Person)

SILVERSTAR PARTNERS, LLC
(Firm/Company)

825 SUNSHINE LANE
(Address)

ALTAMONTE SPRING FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

INETA HENDRIX at (407) 862-6445
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$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