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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, Florida 32314

SUBJECT: Dissolution		
DOCUMENT NUMBER:		
Please return all correspondence concerning this matter to the following:		
David P. Clark (Name of Person) Tech Returns, LLC		
(Name of Firm/Company)		
13465 Southfields Rd. (Address)		
(Address)		
Wellington, FL 33414 (City/State/and Zip Code)		
(City/State/and Zip Code)		
For further information concerning this matter, please call:		
For further information concerning this matter, please call: Clark st (561) 835-4869		
(Name of Person) (Area Code & Daytime Telephone Number)		
U\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street		

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	Tech Returns, LLC
2. The effective date of the limited liability comp 3. A description of the occurrence that resulted i 0section 608.441, Florida Statutes, (copy of 60	in the limited liability company's dissolution pursuant to
Never started	operation
OR- Adequate provision has been made for the det	nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421. distributed among its members in accordance with their
6. CHECK ONE: There are no suits pending against the compar-OR-	ny in any court. isfaction of any judgment, order or decree, which may
Signatures of the members having the same percedissolution: Signature	Typed or Printed name Typed or Printed name NAVID P. CIARK P. STALE 1.2
Company of the Compan	

Filing Fee: \$25.00