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TRANSMITTAL LETTER

т0:	Registration Section
	Division of Corporations

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SUBJECT: SilverEdge (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:

Giselle Rami		
(Name of Person)		
Silver Edge, Inc.		
(Firm Company)		
3015 Grand Ave. Ste 218		
(Address)		
Coconut Grove, FL 33133-5144		
(City State and Zip Code)		

For further information concerning this matter, please call:

Giselle Kami (Name of Person) at (<u>305</u>) <u>445-1300</u> (Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee 🗇 \$30.00 Filing Fee & □ \$60.00 Filing Fee. □ \$55.00 Filing Fee & 물 Certificate of Spania & Certificate of Status Certified Copy ŝ (additional copy is enclosed) Certified Copy O (additional cor (basio) õ STREET ADDRESS: MAILING ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations** 409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is

silver. Edge de land 2. The date the dissolution was approved:

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).

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4. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid Affischarged -OR-
- Adequate provision has been made for the debts, obligations and liabilities pursuant & 5.60
- 5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. FHECK 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.

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

yped or Printed name
LEJANDRO LUNGOBARDI LISELLE RAHI
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Filing Fee: \$25.00