# L03000038559

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

1

Office Use Only



600207017146

05/04/11--01026--003 \*\*25.00

SEGRETARY OF STATE

C. LEWIS

MAY - 6 2011

EXAMINER

April-26\*/2011-04-27

Florida Department of State

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

RE: MAXICOM LLC - DISSOLUSION

The subject business is no longer in operation. There is no further income from its source as of Kindly cancel registration and operation. Affordive Dec 29,2010-IF NOT, Hen Any correspondence can be forwarded to: last year.

KALLIOPI ALFORD

8126 WOODVINE CIR

LAKELAND, FL 33810

TEL. #954-957-4719

Thank you

Kalliopi Alford

A Company of the second

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MACICOM 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:				
Kalliopi Alford				
(Name of Person)				
Maxicom LLC				
(Firm/Company)				
8126 Woodvine Circle				
(Address)				
Lakeland, FL. 33810				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Kalliopi Alford at 954 957-4719				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

### FILED

2811 MAY -4 PM # 85

<ol> <li>The name of a limited liability company is Maxicom LLC</li> </ol>		SECRETARY OF-STATE ALUAHASSEE, FLORIDA
2. The Articles of Organization were filed on 10/	$\frac{\sqrt{2}\sqrt{2003}}{2}$ and assig	gned document number
3. The date the dissolution was approved: December	er 22nd, 2010	
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dissolution p	ursuant to section
no more income from this business	- c/05ed	down
5. CHECK ONE:		
All debts, obligations and liabilities of the line OR-Adequate provision has been made for the de	bts, obligations and liabilities pursu	uant to s. 608.4421.
rights and interests.  7. CHECK ONE:		
There are no suits pending against the compa	ny in any court.	
OR- Adequate provision has been made for the sale entered against it in any pending suit.	tisfaction of any judgment, order or	decree which may be
gnatures of the members having the same percentage of n	nembership interests necessary to ap	oprove the dissolution:
Signature	Printed N	ame
FORM	Kalliopi Alford	