103000041916

	(Requestor's Name)	
	(Address)	
	,	
	(Adda)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(business Entity Marile)	
	(Document Number)	
Certified Copies	Certificates of	Status
	··	<u> </u>
Special Instructions	to Filing Officer:	
*		
		

Office Use Only



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FILED
2009 APR 16 AM 8: 42
SEGRETARY OF STATE

T. CLINE APR 1 7 2009

EXAMINER



April 6, 2009

WAYNE WYNTER 11312 N.W. 46TH LANE DORAL, FL 33178

SUBJECT: BORDEAUX ENTERPRISES, LLC

Ref. Number: L03000041916

We have received your document for BORDEAUX ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II APR 16 AM 8: 42

Letter Number: 909A00011451

BORDEAUX ENTERPRISES LLC

April 13, 2009 11312 NW 46th Lane Doral, Florida 33178

Tammi Cline
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

Dear Ms. Cline,

Please see resubmitted documents as per your request.

Proper forms are now completed and signed.

Thank You.

Sincerely yours,

Wayne Wynter

2009 APR 16 AM 8: 42
SECRETARY OF STATE

7 7

COVER LETTER

	ration Section on of Corporations		
SUBJECT:		ENTERPICISES LLC Limited Liability Company)	
	rticles of Dissolution and fee(s) are so		
	WAYNE	(Name of Person)	
		ENTERPRISES LLC. (Firm/Company)	2009 APR SEGRET TALLAH
	1/312 NW	46TH LANZ (Address)	FILED 2009 APR 16 AM 8: 42 SEGRETARY OF STATE ALLAHASSEE.FLORIDA
	DORAL (CI	FLORIDA 33178 ity/State and Zip Code)	8: 42 STATE ORIDA
For further info	rmation concerning this matter, please	e call:	
	WAYNE WYNTER (Name of Person)	at (786) 301 - 3981 (Area Code & Daytime Telephone N	(305-477 -9546)
Enclosed is a che	ck for the following amount: §35.00 Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, c of Status & Copy al copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is BORDEAUX ENTER	PRISES L	īΟ		
2. The Articles of Organization were filed on DEC .			ned document numb	er
 3. The date the dissolution was approved: 17^{Th4} Fe 4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back complete that the statutes of the statutes o	ted liability compar over letter).	ny's dissolution pu	rsuant to section	
			2009 APR SECRET TALLAHA	
5. CHECK ONE: All debts, obligations and liabilities of the language provision has been made for the control of the language property and assets have been distributed by the control of	lebts, obligations a	nd liabilities pursu	ant to s. 608 4421 c.	
7. CHECK ONE: There are no suits pending against the compound of the sentered against it in any pending suit.		udgment, order or	decree which may b	oe
gnatures of the members having the same percentage of	membership intere	ests necessary to ap	prove the dissolutio	n:
Signature	Printed Name			
Wats		NAYNE W	YNTER	·····
Allayor		AHLIA KIYA	YTER	
				_

FILING FEE: \$25.00