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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone #)
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☐ PICK-UP	☐ WAIT	MAIL
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(Bu	ısiness Entity Name	
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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5 OCT -3 M110: 53

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COVER LETTER

TO: Registration Division of	section Corporations			
SUBJECT:	MORDA AD	VISORS LLC imited Liability Company)		
	s of Amendment and fee(s) are su			
	GERARD M	O RO A (Name of Person)	05 OCT -3 AM IQ: 53	
		(Firm/Company)	in the second se	=
	6033 EAIRI	HAY CT		
 -	<u> </u>	(Address)	SIAI	
	<i>VAP1FS</i> , <i>FL</i> (Cit	34//) Cy/State and Zip Code)		
For further informati	on concerning this matter, please	call:		
_6E1	(Name of Person)	at (238) 400 (Area Code & Daytime	4-0299	
	(Name of Person)	(Area Code & Daytime	e 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)	
Re Di	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COU Registration Sec Division of Cor Clifton Building	porations	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned document number
lity company's dissolution pursuant to section er).
LITED LIABILITY COMPANY
iability company have been paid or discharged.
pligations and liabilities pursuant to s. 608.4421.
ong its members in accordance with their respective
7 TH 3
any court. ion of any judgment, order or decree which may be
rship interests necessary to approve the dissolution:
Printed Name
GERAN T MORDA