# LOHOOOBIOT

(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:				

L. SELLERS

APR 20 2009

**EXAMINER** 

Office Use Only



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04/17/09--01019--025 \*\*25.00

SECRETARY OF STATE

### Miami April 15,2009

Marsha Thomas Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI 32301

SUBJECT: CITY MORTGAGE, L.L.C

Ref: Number: L 04000003107.

According to its letter on March 26, we return your document along with a money order payable to the Department of state for \$ 25 00

Sincerely

DANIEL LACOUTURE

<del>(95</del>4) 559 0024

2113 SW 58 th Way Park, FI 33021



March 26, 2009

DANIEL E. LACOUTURE 6065 NW 167 STREET, STE B-12 MIAMI, FL 33015

SUBJECT: CITY MORTGAGE, L.L.C

Ref. Number: L0400003107

We have received your document for CITY MORTGAGE, L.L.C, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 609A00005404

Marsha Thomas Regulatory Specialist II

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	ECT: CITY MORTGAGE LLC	<b>.</b>		
		Limited Liability Company)		
The en	nclosed Articles of Dissolution and fee(s) are su	ibmitted for filing.		
Please	return all correspondence concerning this matt	er to the following:		
	DANIEL LACOUTUR	E		
(Name of Person)				
	CITY MORTGAGE LLC			
	(Firm/Company)			
	6065 NW 167 STREET SUITE B-12			
(Address)				
	MIAMI, FL. 33015			
	(Ci	ty/State and Zip Code)		
For fu	rther information concerning this matter, please	e call:		
	DANIEL LACOUTURE	at (_954	559 0024	
	(Name of Person)		& Daytime Telephone Number)	
Enclose	ed is a check for the following amount:			
<b>√</b> \$25.	00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS:		T/COURIER ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 6327	Clifton	Building	
	Tallahassee, FL 32314	2661 Er	cecutive Center Circle	

Tallahassee, FL 32301

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

# FILED 09 APR 17 AM 8: 34

SECRETARY OF STATE

The name of a limited liability company is     CITY MORTGAGE LLC	TALLAHASSEE FLORI <b>DA</b>
2. The Articles of Organization were filed on JANU 200594600	JARY 12/2004 and assigned document number
3. The date the dissolution was approved: NOVEN	1BER 21/2008
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back constant SLOW MORTGAGE MARKET	
5. CHECK ONE:	
-OR-	limited liability company have been paid or discharged.
<del></del>	debts, obligations and liabilities pursuant to s. 608.4421.  uted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp	pany in any court.
	satisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of	f membership interests necessary to approve the dissolution:
Signature	Printed Name
Jane 2	Daniel Lacouture
alba juan lacoundere.	Alba Lucia Lacouture