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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WORKADMIN 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:			
CELMIRA FUENTES (Name of Person)			
(Firm/Company)			
7470 MIAMI LAKES DR B106 (Address)			
MIANI LAKES, FL 33014 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
CELMIRA FUENTES + 305 819-8927			
(Name of Person) at (305) 819-8937 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
S25.00 Filing Fee Certificate of Status & Certificate of Status			

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	MIN , LLC
2. The date the dissolution was approved: 3-	1-05
3. A description of the occurrence that resulted in the section 608.441, Florida Statutes, (copy of 608.44	
CLOSE OF E	BUSINESS
 4. CHECK ONE: All debts, obligations and liabilities of the limited -OR- Adequate provision has been made for the debts, of the debts, of the debts, of the debts. 	
5. All remaining property and assets have been distrirespective rights and interests.	ibuted among its members in accordance with their
 6. CHECK ONE: There are no suits pending against the company in -OR- Adequate provision has been made for the satisfac be entered against it in any pending suit. 	•
Signatures of the members having the same percent the dissolution:	tage of membership interests necessary to approve
Signature	Typed or Printed name
Colmina Fueutes	CE/MIRA FUENTES = 1
Etha Esmeral	ETHEL ESHERAL TO
	STATE OF