## L04000006114

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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## **COVER LETTER**

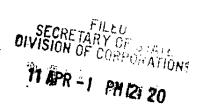
TO:

Registration Section

Division of Corporations	
SUBJECT: SANT'S SOLUTION	NS, LLC
	ame of Limited Liability Company)
The enclosed Articles of Dissolution and fee(	s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
JENILE P. SANT	(Name of Parasar)
	(Name of Person)
	(Firm/Company)
' 11650 CLINICLIINI	
11652 SUNSHINE	(Address)
TAMPA, FLORID	•
TAIVIFA, FLORIDA	(City/State and Zip Code)
For further information concerning this matter	r, please call:
JENILE P. SANT	at (_813 854-1212
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee 30.00 Filing Fee Certificate of S	
MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Registration Section

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is SANT'S SOLUTIONS, LLC	, 
2. The Articles of Organization were filed on L04000006114	uary 23, 20004 and assigned document numbe
3. The date the dissolution was approved: Octob	per 30th, 2010
	mited liability company's dissolution pursuant to section
5. CHECK ONE:	
r¬-OR-	ne limited liability company have been paid or discharged. ne debts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distr rights and interests.</li></ol>	ributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the con-OR-Adequate provision has been made for the entered against it in any pending suit.	e satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Taile	JENILE SANT
·	
	<del>-</del>