## 104000001188

(Requestor's Name)			
(Address)			
(*			
	•		
(Address)			
(Cit	y/State/Zip/Phon	ne #1	
(0.1.	,,, Gtato, 2, p, 1 11011	,	
PICK-UP	TIAW	MAIL	
☐ FICK-OF	vvAn	IVIAIL	
(Bu	siness Entity Na	me)	
(=	<b>,</b>	,	
(Do	cument Number	)	
Certified Copies	Certificate	s of Status	
Special Instructions to	Filing Officer:		
		Zo.	
		<b>30</b>	

Office Use Only



10/18/07--01016--009 \*\*30.00

DINOV-6 PHIZ: O ECACTARY OF STATE II AHASSEF, FLORIF

## **COVER LETTER**

	tration Section ion of Corporations		
SUBJECT:	Absolute Title LLC		
_	(Name of I	Limited Liability Company)	•
The enclosed A	Articles of Dissolution and fee(s) are su	bmitted for filing.	
Please return a	Il correspondence concerning this matt	er to the following:	
	Anthony Garcie	۷	
	,	(Name of Person)	
	N/A		
		(Firm/Company)	
	13022 SW 57 to	: rr	
		(Address)	
	Miami, FL	33183	
	(Cı	ty/State and Zip Code)	
For further info	ormation concerning this matter, please	call:	
Avet	hony Garcia (Name of Person)	at (786 ) 886 - 049 2 (Area Code & Daytime Telephone Number)	
-	(Name of Person)	(Area Code & Daytime Telephone Number)	•
Enclosed is a che	eck for the following amount:		
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	sed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section		Registration Section Division of Corporations	
	Division of Corporations P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2007

ANTHONY GARCIA 13022 SW 57 TERRACE MIAMI, FL 33183

SUBJECT: ABSOLUTE TITLE, LLC.

Ref. Number: L04000007188

We have received your document for ABSOLUTE TITLE, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6967.

Letter Number: 807A00061924

Leslie Sellers Regulatory Specialist II

Division of Comparations P.O. ROY 6227 Tallahagasa Florida 2221

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2007 NOV -6 PM 12: 02

1. The name of a limited liability company is	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Absolute Title, LLC	TALLAMASSEE, PLUKIUA
2. The Articles of Organization were filed on 1/201	and assigned document number
3. The date the dissolution was approved: 10/13/0  4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dissolution pursuant to section
OR- Adequate provision has been made for the de  6. All remaining property and assets have been distribute	nited liability company have been paid or discharged.  bts, obligations and liabilities pursuant to s. 608.4421.  ed among its members in accordance with their respective
rights and interests.  7. CHECK ONE:  There are no suits pending against the compa OR- Adequate provision has been made for the sate entered against it in any pending suit.	ny in any court. Iisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Yesenia Jania	Yesenia Garcia Rosie Garcia Catherine Máiz