(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) 404-14362
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JAN 20 2008
EXAMINER

Office Use Only



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01/14/09--01007--006 **7.50

12/08/08--01017--011 **52.50



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2008

ROSEMARY TARANTO 1655 RICHMONS AVE. STATEN ISLAND, NY 10314

SUBJECT: CITYSCAPE TRADING, LLC

Ref. Number: L04000014362

We have received your document for CITYSCAPE TRADING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 708A00059950

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CITY/SCAPE TRADING, LLC (Name of Limited Liability Company)		
(Name of Limited Liability Company)		• •
	•	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	7.8	
Please return all correspondence concerning this matter to the following:	2009 J	L.Sec _a rea
Rosemary Taranto (Name of Person)	WHYSE	Condition Constrain Constrain
(Name of Person)	TA P	. Pmm.
CHYSCADE TRADING LLC	PH 4: 11	· Carre
(Firm/Company)	See The see of the see	
109 Bay Terrace		
(Address)		
Otaten Island Ny 10306 (City/Style and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Rosemary Jaranto at (9/7) 838-/828 (Area Code & Daytime Telephone Numl	 ber)	
,	,	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is		
2. The Articles of Organization were filed on 2-23-2004 L04000014362	and assigned documer	it number
3. The date the dissolution was approved: 12-1-08		
4. A description of occurrence that resulted in the limited liability company's diss 608.441, Florida Statutes, (copy 608.441 on back cover letter).	olution pursuant to sec	tion
No Longer Conducting business	E co	2009
		A
	52	=
	jan	70
5. CHECK ONE:		<u> </u>
All debts, obligations and liabilities of the limited liability company has one-oR-Adequate provision has been made for the debts, obligations and liability	`D	•
6. All remaining property and assets have been distributed among its members in rights and interests.	accordance with their r	espective
7. CHECK ONE:		
There are no suits pending against the company in any court. OR- Adequate provision has been made for the satisfaction of any judgmen entered against it in any pending suit.	t, order or decree whic	h may be
entered against it in any pending suit.		
Signatures of the members having the same percentage of membership interests nece	ssary to approve the di	ssolution:
Signature	Printed Name	
Wolut Calcagno Kober	T CALCAGNO	l
·		