## L04000022613

(Re	equestor's Name	)
(Ac	ldress)	
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(Cit	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	sin <b>ess</b> Entity Na	ime)
(Do	cument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE.

FILED

## TRANSMITTAL LETTER

TO: Registration Section			
SUBJECT: Master liece Signs & Art LLC (Name of Linkfied Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
TSRAEL GeD 5 (Name of Person)			
(Firm/Company)			
7050 NW 44th st. APT 310			
(Address)			
LanderWill Florida 33319			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
TSRAEL GED 5 at (954) 673 4775 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  (additional copy is enclosed)			
mg n			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399  MAILING ADDRESS: Registration Section Division of Corporations Property Section Pr			

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

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Filing Fee: \$25.00