

LO4000025933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

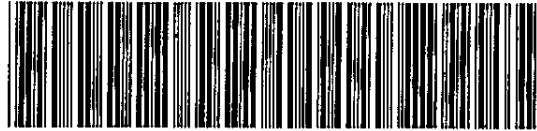
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05/26/04--01015--011 **25.00

5981 SW 84 STREET, LLC

8603 SOUTH DIXIE HWY. #211
MIAMI, FL 33143

Tel. 305-663-4606
Fax 305-663-4607

Fax Cover Sheet

Send to: DEPARTMENT OF STATE	From: 5981 SW 84 STREET, LLC
Attention:	Office location: 8603 SOUTH DIXIE HWY. #211
Office location:	Date: 5/24/04
Fax number:	Phone number: 305-663-4606 FAX 305-663-4607

☐ URGENT ☒ REPLY ASAP ☐ PLEASE COMMENT ☒ PLEASE REVIEW ☐ FOR YOUR INFORMATION

TOTAL PAGES, INCLUDING COVER:

Comments:

ARTICLES OF DISSOLUTION

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is 5981 SW 84 STREET, LLC

2. The effective date of the limited liability company's dissolution is 5/24/04

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

WRONG NAME.

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.
-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

[Signature]

Typed or Printed name

CARLOS DE LEON
Dora Zaman

