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SECRETARY OF STATE
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COVER LETTER

Division of Corporations		
SUBJECT:		
(Name of Limited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Elizabeth A. Hewith (Name of Person)		
_		
(Firm/Company)		
U601 Coolidor Street 200 2		
AFR A THE STATE OF		
(Chyrotate and Zip code)		
For further information concerning this matter, please call:		
(Name of Person) at (786) 514 - 2556 (Area Code & Daytime Telephone Number)		
(Alea Code & Dayanie Telephone (Alline)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

FILING FEE: \$25.00