# L04000045079

(Requestor's Name)	
(Address)	
(Addiess)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
MAR 14 2008	
EXAMINER	

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SECRETARY OF STATE
ALL AHASSEF FLORIDA

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BREVARD HELP DESK LLC (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:
Charles Graudins (Name of Person)
(Firm/Company)  1510 S. WickMan Rd Steepenson  (Address)  (Address)  (City/State and Zip Code)  (City/State and Zip Code)  For further information concerning this matter, please call:
C Graudius  at (321), 133 6667  (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:    30.00 Filing Fee & S55.00 Filing Fee & Certificate of 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 compar	ny is
608.441, Florida Statutes, (copy 608.44	d in the limited liability company's dissolution pursuant to section
6. All remaining property and assets have rights and interests.  7. CHECK ONE:  There are no suits pending againable.	nade for the satisfaction of any judgment, order of decree which may be
Signature  Signature  Signature	Printed Name  Charles A. Grau A. Grau A. S.