L04000048867

(Requestor's Name)		
(Address)		
•		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(
(Document Number)		
Certified Copies Certificates of Status		
0 111 1 15 15 15		
Special Instructions to Filing Officer:		
OCT 28 2008		
EVARAL		
EXAMINER		

Office Use Only



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10/27/08--01036--003 **25.00

SECRETARY OF STATE

DOROCT 27 PM 2: 0: ECRETARY OF STATE

COVER LETTER

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	
Kokua Mentorin	9
2. The Articles of Organization were filed on 06	and assigned document number
57-1208151	
3. The date the dissolution was approved:	24/08 nited liability company's dissolution pursuant to section
• • •	nited liability company's dissolution pursuant to section cover letter).
Written consent of a	M members.
	•
5. CHECK ONE:	A SE
	DE SERVICE CONTROL OF THE SERVICE CONTROL OF
	e limited liability company have been paid or
	e debts, obligations and liabilities pursuant to \$\frac{4}{40}8.4421.
All remaining property and assets have been distri rights and interests.	buted among its members in accordance with their respective
•	CSTA Si
7. CHECK ONE:	20 OS
There are no suits pending against the con	npany in any court.
	e satisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of	of membership interests necessary to approve the dissolution:
Signature	Printed Name
	Grace Colman
Dh. Jono	Daniell. Wolff Ferkign
·	
•	
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FILING FEE: \$25.00