L04 0000 5761 8

Rita Pain
(Requestor's Name)

(Address)

10093 Pompano St.
(Address)

Jupiter, FL 33468
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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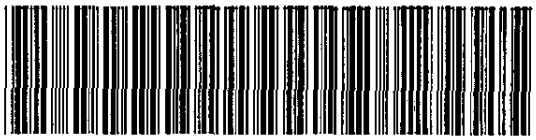

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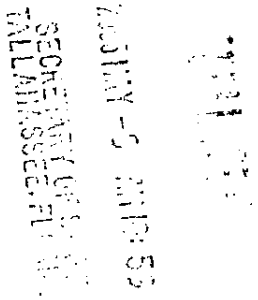

L04-576018

ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is

935 Omar L.L.C.

2. The date the dissolution was approved: April 28,2005

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).

Problems with the insurance company over insurance rates and coverage have forced me to dissolve the L.L.C. for business reasons.

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. 608.442 1.

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	Typed or Printed name
Rita Pain	Rita Pain

Filing Fee: $25.00