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COVER LETTER

Division of Corporations
SUBJECT: IREMON, 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:
WILLIAM HOGUE-ADMIN
(Name of Person)
(Firm/Company)
17525 HWY 62
(Address)
EAGLE POINT OR 97524
(City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM HOGUE-ADMIN at 541 292-6299
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDECS. CTREET/CAUDIED ADDECS.

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



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1. The name of a limited liability company i IREMON, LLC	s	
2. The Articles of Organization were filed on L04000072815	10/05/2004	and assigned document number
3. The date the dissolution was approved: 12	2/7/2006	
4. A description of occurrence that resulted in 608.441, Florida Statutes, (copy 608.441 or DEATH.	the limited liability company	's dissolution pursuant to section
		
5. CHECK ONE:		
All debts, obligations and liabilitie OR- Adequate provision has been made 6. All remaining property and assets have bee	for the debts, obligations and	liabilities pursuant to s. 608.4421.
rights and interests. 7. CHECK ONE:		
There are no suits pending against	the company in any court.	
Adequate provision has been made entered against it in any pending su	for the satisfaction of any jud it.	lgment, order or decree which may be
Signatures of the members having the same percent	entage of membership interests	s necessary to approve the dissolution
Signature		Printed Name
MAHA	WILLI	AM HOGUE-ADMIN
the and the state of the state	 	***************************************
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FILING FEE: \$25.00