

LO4000079418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

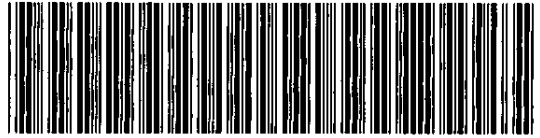
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1789 2319 4089 671

Office Use Only

LO4-79418



700118294577

02/27/08--01019--004 **30.00

FILED

08 MAR 27 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORKING POINT 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:

MYLIEU NGUYEN

(Name of Person)

WORKING POINT LLC

(Firm/Company)

3401 N. COUNTRY CLUB DR. #606

(Address)

MIAMI FL 33180

(City/State and Zip Code)

FILED
08 MAR 27 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MYLIEU NGUYEN

(Name of Person)

at (305) 528-3137

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$25.00 Filing Fee

☒

\$30.00 Filing Fee &
Certificate of Status

☐

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2008

MYLIEN NGUYEN
3401 N COUNTRY CLUB DR #606
MIAMI, FL 33180

SUBJECT: WORKING POINT LLC
Ref. Number: L04000079418

We have received your document for WORKING POINT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 208A00012444

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 27 PM 2:17

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

WORKING POINT LLC

2. The Articles of Organization were filed on NOV. 02, 2004 and assigned document number L04000079418

3. The date the dissolution was approved: JANUARY 22, 2008

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

LACK OF BUSINESS

08 MAR 27 PM 2:17
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. 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. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. 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

Printed Name

My Lie Nguyen
Froilan Deato

MYLIEU NGUYEN

FROILAN DEATO